Hepatitis C Guidelines
For Local Health Departments

Bureau of Communicable Diseases
Division of Public Health
Wisconsin Department of Health and Family Services

Hepatitis C Guidelines for Local Health Departments

Ordering Information:
To view or download a copy of this manual, go to the Health Alert Network (HAN) at http://www.han.wisc.edu and click on Topics, Communicable, Manuals or click on search and enter "Hepatitis C Guidelines for Local Health Departments." This manual is also available from the Department of Health and Family Services web site at http://www.dhfs.state.wi.us/dph_bcd/hepatitis/ under Provider Resources.

Suggested citation:
Wisconsin Department of Health and Family Services. Hepatitis C Guidelines for Local Health Departments: 2003; Madison, WI.

Acknowledgements: These Guidelines were prepared by Marjorie Hurie, Wisconsin Hepatitis C Coordinator and reviewed by Susan Schultz, City of Milwaukee Health Department, Laurie Krenn, Madison City Health Department, and James Vergeront, Bill Reiser, Angela Russell, Jerry Gabor and Jeff Berg, Bureau of Communicable Diseases, Division of Public Health, Wisconsin Department of Health and Family Services.

October 2003
PPH 42134

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Attachments

INTRODUCTION

Welcome to *Hepatitis C Guidelines for Local Health Departments*. This introduction describes the purpose and scope of the guidelines and provides an overview of hepatitis C virus (HCV) infection in the US and Wisconsin.

Purpose and Scope

The purpose of this document is to provide local health departments (LHDs) information on following-up, preventing and identifying cases of HCV infection. LHD HCV client follow-up activities include providing:

- Health education and risk reduction information on preventing additional liver damage and spread of HCV to others;
- Hepatitis A and hepatitis B vaccine;
- Referral for medical evaluation and support;
- Screening and testing for HCV infection; and
- Surveillance for HCV infection.

The first five sections of this document describe these activities in detail. Section Six addresses the follow-up of cases of acute HCV infection and the Section Seven offers general advice about LHD HCV client follow-up, including contacting clients, prioritizing cases, follow-up materials and closing client records. The attachments include:

- A glossary of terms used in these Guidelines;
- Materials from the National and Wisconsin Immunization Programs;
- Locating information for Wisconsin community health centers, hepatitis support groups and methadone detoxification and maintenance programs;
- A test requisition form for HCV testing from the Wisconsin State Laboratory of Hygiene (WSLH);
- An example of a memorandum of understanding (MOU) between a LHD and a community health center for the use of the LHD fee exempt number;
- Model procedures for LHD follow-up of HCV infection;
- Web sites for information about hepatitis C;
- Answers to frequently asked questions; and
- An order form for Wisconsin hepatitis C materials.

Hepatitis C in the US and Wisconsin

Morbidity:

Hepatitis C virus (HCV) infection is the most common chronic bloodborne infection in the U.S. An estimated 3.9 million (1.8%) persons in the U.S. have been infected with HCV, of whom 90,000 may live in Wisconsin. The number of HCV infections reported to the Wisconsin HCV Program increased 5-fold from approximately 800 cases in 1997 to over 4,200 cases in 2002. This trend represents an increase in the detection of chronic cases acquired in the past, not an increase in newly acquired cases. HCV infection is currently one of the most frequently reported communicable diseases in Wisconsin. In 2000, the Wisconsin Hepatitis C Program, here after referred to as the Hepatitis C Program, was developed in the Bureau of Communicable Diseases, Division of Public Health to prevent transmission of HCV, limit the complications of hepatitis-related liver disease, and monitor trends in HCV infections.

From 1999-2001, the average age of persons reported with HCV infection was 44 years, 67% were male, and among the 46% of cases where race was reported, 72% were White, 25% African American, 2% Native American and <1% Asian and Other.

Risk factors for transmission:
Hepatitis C virus (HCV) is transmitted primarily by percutaneous exposure to blood. Injection drug use currently accounts for most HCV transmission in the U.S. and has accounted for a substantial proportion of HCV infections in past decades. Other factors associated with transmission include receiving a transfusion or organ transplant before 1992, receiving long-term hemodialysis or receiving clotting factor produced before 1987. The average prevalence of HCV infection varies by population and is estimated to be 79% among current injection drug users, 6% among persons who received a blood transfusion before 1990, 10% among hemodialysis patients, and 87% among persons with hemophilia treated with clotting factor concentrate before 1987. HCV is less efficiently transmitted between sexual partners or from mother to infant. The average rate of HCV infection among long term spouses of patients with HCV is 1.5%. Fifteen to 20% of patients with acute hepatitis C reported to Centers for Disease Control and Prevention's (CDC's) sentinel counties surveillance system have a history of sexual exposure in the absence of other risk factors. The average rate of HCV infection is 5-6% among infants born to HCV-positive women and 14-17% among infants born to women coinfected with HCV and HIV (CDC 1998).

Consequences of infection:
Chronic infection develops in 75%-85% of persons who acquire HCV infection. The course of chronic liver disease is usually insidious, progressing at a slow rate without symptoms or physical signs in most patients. Over 20-30 years, cirrhosis develops in 10%-20% and primary hepatocellular carcinoma develops in 1%-5% of chronically infected persons. HCV-associated end-stage liver disease is the most frequent indication for liver transplantation among adults and the number of deaths in the US attributable to HCV infection, currently 8,000-10,000, could increase substantially during the next 10 –20 years as the infected population ages. In 1998, 50 hepatitis C-related deaths were reported in Wisconsin. Increased alcohol intake, being more than 40 years of age at the time of infection, or being male are associated with more severe liver disease. Among persons with alcoholic liver disease and HCV infection, liver disease progresses more rapidly and is possibly attributed to alcohol-induced enhancement of viral replication or increased susceptibility of cells to viral injury. HCV infection also progresses more rapidly to liver damage in persons who are co-infected with HIV. About one quarter of HIV-infected persons in the U.S. also have HCV infection. Lastly, persons with chronic liver disease are at increased risk for fulminate hepatitis A (CDC 1998).

Prevention, control and treatment:
Preventing HCV infection and reducing HCV-related disease requires implementation of primary prevention activities that reduce risks for contracting HCV infection and secondary prevention activities that reduce risks for liver and other chronic diseases in HCV-infected persons. Primary prevention activities include screening and testing of blood, plasma, organ, tissue and semen donors; virus inactivation of plasma-derived products; risk-reduction counseling and services; and implementation and maintenance of infection control practices. Secondary prevention activities include identification, counseling and testing of persons at risk, and medical evaluation and management of infected persons. Medical evaluation for HCV infection includes an assessment for the

presence and severity of chronic liver disease, the need for treatment and for hepatitis A and B vaccinations (CDC 1998).

Treatment is recommended for persons with chronic hepatitis C who are at greatest risk for progression to cirrhosis, as characterized by persistently elevated alanine aminotransferase (ALT) levels; detectable HCV RNA; and a liver biopsy indicating either portal or bridging fibrosis or at least moderate degrees of inflammation and necrosis. The current treatment of choice, pegylated interferon and ribavirin, results in a sustained virological response for approximately 50% of patients with genotype 1 and 80% of patients with genotype 2 or 3 (70% of HCV infections in the U.S. are genotype 1) (Manns 2001). The cost of a 48-week course of treatment with pegylated interferon and ribavirin ranges from approximately $24,000 to $32,000 (Franciscus 2003). The manufacturers, Schering and Roche, will supply free drugs to persons who are uninsured and unable to pay. However, drug assistance programs do not cover costs associated with provider visits and laboratory tests that are necessary to monitor treatment response and adverse reactions. Drug assistance programs also do not provide medications to uninsured persons with modest incomes or to insured persons with high deductibles. It is possible that continued improvements in antiviral therapy against HCV infection may ultimately decrease the number of patients needing liver transplantation (Ahmed 2001). According to one simulation model, antiviral therapy reduces disease burden from HCV infection by 5% (Sagmeister 2002).

Cost:
The costs of HCV infection in direct medical expenditures during 1997 were estimated at $1.8 billion (Leigh 2001). Similarly, a computer simulation model has projected that, from 2010 through 2019, the direct medical expenditures for HCV will be $10.7 billion (Wong 2000). The cost per quality-adjusted life-year gained for combination therapy with interferon and ribavirin compared to no therapy is $5,490 (Stein 2002). American society generally accepts treatments as appropriate if they cost less than about $50,000 per quality-adjusted life-year gained (Deyo 2000). No studies have been published on the cost effectiveness of screening high risk persons for HCV or for treatment of chronic HCV infection with pegylated interferon and ribavirin.

Section 1. Health Education and Risk Reduction

Persons with HCV infection should be educated on the topics below as appropriate to their personal circumstances.

1-1. Messages for Everyone with HCV Infection

	TO PREVENT ADDITIONAL LIVER DAMAGE
Message	♦ Do not drink alcohol. Higher levels of alcohol use promote the development of progressive liver disease. ♦ Do not start any new medicines, including over-the-counter and herbal medicines without checking with a health care provider. ♦ Get vaccinated against hepatitis A and hepatitis B.
	TO PREVENT SPREAD OF HCV
Message	♦ Do not donate blood, body organs, other tissues or semen. ♦ Do not share toothbrushes, dental appliances, razors, or other personal care articles that might have blood on them. ♦ Cover cuts and sores on the skin to keep from spreading infectious blood or secretions. ♦ HCV is not spread by sneezing, hugging, coughing, food or water, sharing eating utensils or drinking glasses or casual contact. Persons with HCV infection should not be excluded from work, school, play, child-care or other settings on the basis of their HCV infection status.

1-2. Messages for Specific Situations

	INTRAVENOUS DRUG USE EXPOSURE
Risk	♦ 60-90% of IDUs are infected within 5 years of beginning injecting use.
Testing Recommendation	♦ Test if ever injected illegal drugs, even once or a few times many years ago.
Message	♦ Stop using and injecting drugs. ♦ Enter and complete substance abuse treatment. *If continuing to use drugs:* ♦ Never reuse or "share" syringes, needles, water or drug preparation equipment. ♦ If this is not possible, first flush out the used equipment with water, then with undiluted household bleach, then with clean water. ♦ Use only sterile syringes obtained from a reliable source (e.g., pharmacies, official needle exchange programs). ♦ Use a new sterile syringe to prepare and inject drugs. ♦ If possible, use sterile water to prepare drugs. ♦ Otherwise use clean water from a reliable source (such as fresh tap water). ♦ Use a new or disinfected container ("cooker") and a new filter ("cotton") to prepare drugs. ♦ Clean the injection site with a new alcohol swab before injection. ♦ Safely dispose of syringes and needles after one use in a hard container such as a detergent bottle or a biohazard container available from a needle exchange program. ♦ Take the container to the local safe community needle disposal program.
	OCCUPATIONAL EXPOSURE
Risk	♦ 1.8% average incidence of anti-HCV seroconversion after a needle stick injury

Testing Recommendation	♦ Test anti-HCV and ALT baseline after percutaneous (or permucosal) exposure to HCV-positive blood. ♦ Test anti-HCV and ALT 4-6 months after the exposure. ♦ If earlier diagnosis of HCV infection is desired, test for anti-HCV RNA at 4-6 weeks.
Message	♦ During the post-exposure follow-up period, do not donate blood, plasma, organs, tissue or semen. There is no need to modify sexual practices, or refrain from becoming pregnant or breastfeeding. ♦ If the health care worker becomes infected, antiviral therapy may be beneficial when started early in the course of HCV infection (Jaeckel 2001). ♦ If chronically infected, follow all recommended infection control practices, including standard precautions and appropriate use of hand washing, protective barriers, and care in the use and disposal of needles and other sharp instruments. ♦ There are no recommendations regarding restricting the professional activities of health care workers with HCV infection.
	PERINATAL EXPOSURE
Risk	♦ Transmission occurs if mother is HCV RNA positive at time of birth. ♦ 5-6% (range: 0%-25%) if mother is HIV-negative. ♦ 14% (range: 5%-36%) if mother is HIV-positive
Testing Recommendation	♦ Test infant for anti-HCV no sooner than 12 months of age. ♦ If earlier diagnosis of HCV infection is desired, test for HCV RNA at 1-2 months of age.
Message	♦ There is no evidence that transmission is related to mode of delivery. Therefore cesarean delivery to prevent HCV transmission is not recommended. ♦ Breastfeeding does not appear to transmit HCV. Therefore, HCV positive mothers can breastfeed unless their nipples are cracked or bleeding. ♦ Infected infants should be evaluated for the presence of chronic liver disease. ♦ Refer children with persistently elevated ALT levels for medical management.
	SEXUAL EXPOSURE
Risk	♦ 1.5% (range: 0%-4.4%) among long-term partners. ♦ 3% among partners of hemophiliacs coinfected with HIV and HCV. ♦ 15-20% of cases of acute HCV infection are acquired through sexual exposure. ♦ Male to female transmission may be more efficient than female to male. ♦ Factors associated with transmission: •Greater number of sex partners •History of prior STDs •Sex with trauma •Failure to use a condom
Testing Recommendation	♦ Test current (within the last six months) sex partners.
Message	♦ Risk of transmission is low but not absent. ♦ Latex condoms can be used to further reduce risk. ♦ Refer infected partners for medical evaluation.

Section 2. Hepatitis A and Hepatitis B Vaccination

2-1. Vaccination recommendation

Hepatitis A and hepatitis B vaccines are recommended for persons with HCV infection to prevent additional liver damage that infection with these other hepatitis viruses may cause.

2-2. Client eligibility criteria for public sector vaccine administered by LHDs

LHDs should refer a client with HCV infection who has private or public health insurance that covers vaccines to a medical provider for vaccination. LHDs may provide hepatitis A and hepatitis B vaccine to a client who:

- Has laboratory evidence of HCV infection; and
- Is uninsured or has insurance that will not pay for the cost of hepatitis A and hepatitis B vaccines.

LHD prevaccination serologic testing for previous hepatitis A or B infections can be done but is not necessary before administering hepatitis A and/or hepatitis B vaccines to a client with HCV infection.

2-3. Vaccine ordering instructions for LHDs

To order hepatitis A and hepatitis B vaccines for clients who meet the criteria listed above from the Wisconsin Immunization Program:

- Use the Wisconsin Vaccine Order form (DPH 42000 – *Attachment B*).
  - To order hepatitis B vaccine, indicate the number of hepatitis B vaccine doses needed in the Hep B – Adult doses requested box.
  - To order hepatitis A vaccine, write-in "Hepatitis A vaccine Adult for Hepatitis C Client" and the number of doses needed.
- Order small amounts of vaccine on a case-by-case basis. Hepatitis A and hepatitis B vaccines come in single dose vials.

2-4. Vaccine administration and handling

- Route of administration is intramuscular.
- Site of administration is into the deltoid muscle for older children and adults.
- Refrigerate at 35° – 46° F (2° – 8° C). Do not freeze.
- See the Immunization Program Policies and Procedures Manual for more complete information on administering and storing hepatitis A and hepatitis B vaccines.

2-5. Informed consent and record keeping

- Provide the client the most current Vaccine Information Statement (VIS) for each vaccine. VISs provide information about vaccines, including contraindications. VISs for hepatitis A and hepatitis B vaccines are available from the Immunization Action Coalition at http://www.immunize.org/vis/index.htm and are included as *Attachments C and D* in these guidelines.
- Obtain informed consent. Use of the VIS with the Vaccine Administration Record form (DOH 4702 - *Attachment E)* signed by the person to receive the vaccine, or the person authorized to request the vaccine, constitutes informed consent. The Vaccine Administration Record form can be obtained by calling the Wisconsin Immunization Program at 608-267-9959.
- Give the client a written record of their immunizations. A trifold Wisconsin Immunization Record (DOH 4257 - *Attachment F*) is available for this purpose. The Wisconsin Immunization Record can be obtained by calling the Wisconsin Immunization Program at 608-267-9959.

- Maintain a permanent record of the name of the vaccine recipient, the date the vaccine was administered, the type of vaccine manufacturer, lot number and name and title of the person administering the vaccine. The Vaccine Administration Record (DOH 4702 - *Attachment E*) may be used for this purpose.
- See the Immunization Program Policies and Procedures Manual for more complete directions on maintaining records of immunizations.
- Enter doses administered into the Wisconsin Immunization Registry (WIR) or another system that exchanges data with the WIR.

Section 3. Referral for Medical Evaluation and Support

3-1. Scope of medical evaluation

Clients with HCV infection should be evaluated to assess biochemical evidence of chronic liver disease, the severity of disease and the possible need for treatment. The initial evaluation usually includes measurement of aminotransferase levels (ALT), HCV ribonucleic acid (RNA) by polymerase chain reaction (PCR), and a liver biopsy. Because of advances in the field of antiviral therapy for chronic HCV infection, standards of practice may change. The National Digestive Diseases Information Clearinghouse provides information on many aspects of hepatitis C diagnosis and treatment for patients and health care providers. A document from the Clearinghouse web site*, Chronic Hepatitis C: Current Disease Management*, can be accessed at: www.niddk.nih.gov/health/digest/pubs/chrnhepc/chrnhepc.htm

3-2. Treatment overview

The treatment currently being offered most clients with HCV infection is a combination of pegylated interferon and ribavirin. Pegylated interferon is excreted from the body more slowly than standard interferon, making the efficacy better and requiring only one injection per week. The sustained response rate to this treatment regimen depends primarily on the client's HCV genotype. Of clients with genotype 1, approximately 50% have a sustained response after 48 weeks of therapy; of patients with genotype 2 or 3, approximately 80% have a sustained response after 24 weeks of therapy. In addition to genotype, low serum HCV RNA (<1 million copies/mL), absence of cirrhosis, and short duration of infection are associated with successful treatment. The Food and Drug Administration (FDA) has approved drugs manufactured by Schering Corporation and Roche for the treatment of HCV infection.

The cost of a 48-week course of treatment with pegylated interferon and ribavirin ranges from approximately $24,000 to $32,000 (Franciscus 2003). The decision to begin treatment for HCV infection should be undertaken carefully. Contraindications to the medications include severe depression, active substance or alcohol abuse, unwillingness to practice birth control, autoimmune disease, bone marrow compromise, marked anemia, renal dysfunction, and coronary artery or cerebrovascular disease.

In registration trials of pegylated interferon and ribavirin, significant side effects resulted in discontinuation of treatment in approximately 10 – 14% of patients. Major side effects include influenza-like symptoms, hematologic abnormalities and neuropsychiatric symptoms. Frequent monitoring of neuropsychiatric side effects, cytopenia and adherence to HCV therapy is necessary (National Institute of Health 2002).

3-3. Resources for medical evaluation and treatment

- Private health insurance
  Persons with health insurance should seek medical evaluation for HCV infection from their medical provider. Coverage for these services is at the discretion of the insurer.

- Medicaid and BadgerCare
  Wisconsin Medicaid reimburses medically necessary services related to the detection, prevention and treatment of HCV infection when provided to persons enrolled in Wisconsin Medicaid or BadgerCare, and delivered by appropriate Medicaid-certified providers. Enrollment in Medicaid or BadgerCare is through the client's county or tribal human or social services department, W-2 agency or Medicaid outstation site. For more information about applying for Medicaid, go to

http://www.dhfs.state.wi.us/medicaid1/recpubs/eligibility/book_contents.htm. For more information applying for BadgerCare, go to http://www.dhfs.state.wi.us/badgercare/html/application.htm

- Community Health Centers and Free Clinics
  Alternative sources of care for persons without health insurance are Community Health Centers, including Federally Qualified Health Centers (FQHCs), and Free Clinics. These resources usually provide some initial evaluation, including liver function tests, and referral to a specialist if indicated. FQHCs provide services to all patients regardless of insurance status and use a sliding fee schedule based on income for uninsured patients. See *Attachment G* for a list of Community Health Centers and a web site address that posts a directory of free clinics in Wisconsin.

- Charitable drug programs
  Both Schering and Roche offer drug assistance programs that provide medication at no cost to patients who have no health insurance and meet financial eligibility requirements. Schering's Commitment to Care Program can be reached at 800-521-7157 or http://www.hep-help.com/about/resources/commit.html. Roche's patient assistance program can be reached at 877-734-2797 or http://www.rocheusa.com/programs/patientassist.asp. A professional reimbursement consultant searches for sources of reimbursement and, if none are found, assesses eligibility for the drug assistance program. Both companies also offer a patient support program and a 24-hour nurse hotline that provides advice on side effects management and responds to other patient questions regarding therapy.

- Veterans Affairs (VA)
  For eligible veterans, medical evaluation and treatment for HCV infection is available from the Wisconsin VA medical centers listed below. For additional information on the National Hepatitis C Program for Veterans, see http://www.va.gov/hepatitisc/index.htm

  William S. Middleton Memorial VA Medical Center
  2500 Overlook Terrace
  Madison, WI 53705
  (608) 256-1901

  Clement J. Zablocki Veterans Affairs Medical Center
  5000 West National Avenue
  Milwaukee, WI 53295-1000
  (414) 384-2000

  Tomah VA Medical Center
  500 E. Veterans Street
  Tomah, WI 54660
  (608) 372-3971

- Wisconsin AIDS/HIV Drug Assistance Program (ADAP*)*
  Medications for the treatment of HCV infection have been added to the Wisconsin ADAP Formulary. Clients with HIV-HCV co-infection who are eligible for the ADAP Program may receive hepatitis C medications through the ADAP Program. For additional information, contact the Wisconsin AIDS/HIV Program at 608-267-6875 or

800-991-5532, or go to http://www.dhfs.state.wi.us/aids-hiv/Resources/Overviews/AIDS_HIV_drug_reim.htm.

4-3. Support groups

Support groups provide a safe environment for clients to network, express feelings, find out about treatment options and get advice on coping with the disease and managing treatment side effects. Support groups often develop around major treatment centers and are co-lead by a professional, who understands hepatitis, group process and is a neutral source of information, and a patient with an outgoing personality who can be a point of contact for people between meetings. See *Attachment H* for information on hepatitis support groups in Wisconsin, including where and when they meet and whom to contact for more information.

Section 4. Screening and Testing for HCV Infection

4-1. HCV testing recommendations

- Persons who should be tested routinely for HCV infection based on their risk of infection are those who:
  - Were notified that they received blood from a donor who later tested positive for hepatitis C.
  - Have ever injected illegal drugs, even once or a few times many years ago.
  - Are a sex partner of an injection drug user.
  - Have exchanged sex for drugs or money.
  - Received a blood transfusion or solid organ transplant before July 1992.
  - Received a blood product produced before 1987 for clotting problems.
  - Have ever been on long-term kidney dialysis.
  - Have evidence of liver disease [e.g., persistently abnormal alanine aminotransferase (ALT) levels].
  - Have HIV.

- **Persons who should be tested routinely for HCV infection based on recognized exposure**:
  - Healthcare workers after percutaneous exposure to HCV-positive blood.
    - Test after exposure to HCV-positive source:
    - Baseline testing for hepatitis C antibody (anti-HCV) and ALT activity.
    - Follow-up testing for anti-HCV (e.g., at 4-6 months) and ALT activity.
    - If earlier diagnosis of HCV infection is desired, test for HCV RNA (RT-PCR) 4-6 weeks after exposure.
    - Confirm positive anti-HCV test results by supplemental testing, unless the signal-to-cut-off (s/co) ratio of the EIA is reported as high, making confirmatory testing unnecessary.
  - Children born to HCV-positive women
    - Test infant for anti-HCV no sooner than 12 months of age.
    - If earlier diagnosis of HCV infection is desired, test for HCV RNA (RT-PCR) at 1-2 months of age.
    - Do not test umbilical cord blood to diagnose perinatal HCV infection because it can be contaminated with maternal blood.
    - Test older children for anti-HCV if they were born after the mother became infected.
  - Current sex partners of HCV-positive persons (within the past 6 months).

4-2. Tests for HCV infection

TEST TYPE	TEST	ACRONYM	DETECTION AND REPORTING	COMMENTS
Hepatitis C Antibody (anti-HCV)	Enzyme Immuno-assay	EIA	♦ Hepatitis C Virus antibody (anti-HCV) ♦ Reported as reactive, non-reactive or positive, negative	♦ Indicates past or present HCV infection. ♦ Does not differentiate between acute, chronic or resolved infection. ♦ Should be confirmed by further laboratory testing.
			♦ Positive with high signal-to-cut-off ratio	♦ Probable past or present HCV infection. Supplemental assay not necessary to confirm HCV infection. Use HCV RNA test to detect active HCV infection.
Anti-HCV	Recombinant Immunoblot Assay	RIBA	♦ Hepatitis C Virus antibody (anti-HCV) ♦ Reported as positive, negative or detected, not detected, or indeterminate. Detected bands may be listed, e.g., c22, NS5.	♦ Supplemental assay. ♦ Confirms past or present HCV infection. ♦ Does not differentiate between acute, chronic or resolved infection.
Hepatitis C virus ribonucleic acid (HCV RNA)	Qualitative Polymerase chain reaction	PCR	♦ Detects presence of circulating HCV RNA. ♦ Reported as positive, negative.	♦ Indicates current infection (viremia). ♦ Detection might be intermittent. A single negative PCR is not conclusive.
HCV RNA	Quantitative Polymerase chain reaction	PCR Quant, Branched chain DNA (bDNA assays)	♦ Determines concentration of HCV RNA. ♦ Reported as number of IU or copies/mL. ♦ A low viral load is less than 1,000,000 copies/mL.	♦ Less sensitive than the qualitative RT PCR. ♦ Should not be used to exclude diagnosis of HCV infection or to determine treatment endpoint. ♦ Used to assess response to antiviral therapy during the course of therapy.
HCV RNA	Genotype	Genotype	♦ Groups isolates of HCV based on genetic differences into 6 genotypes, e.g., 1, 2, and >90 subtypes (e.g., a, b).	♦ Used to assess likelihood of response to antiviral therapy. ♦ Genotype 1, subtypes 1a and 1b most common in the US and least likely to respond to therapy.

4-3. Client selection criteria for fee-exempt anti-HCV testing by LHDs

- LHDs may collect and submit a specimen for anti-HCV testing by enzyme immunoassay (EIA) to the Wisconsin State Laboratory of Hygiene (WSLH), if the client:
- Has one or more risk factor(s) for HCV infection; and
- Is uninsured or has insurance that will not pay for the cost of the HCV test.
- LHDs should refer a client with one or more risk factor(s) for HCV infection whose health insurance will cover the cost of HCV testing to a private provider for anti-HCV testing and follow-up.

4-4. Confirmatory testing

Positive anti-HCV EIA test results should be confirmed by further laboratory testing, usually a RIBA or a PCR test, unless the s/co ratio of the EIA is reported as high. Samples with high s/co ratios almost always (≥95%) indicate past or present HCV infection and can be considered confirmed without supplemental testing, e.g., by RIBA. However, samples with high s/co ratios should still be followed-up with HCV RNA test, e.g., a qualitative PCR, to determine the presence of active HCV infection. LHDs may submit a specimen for PCR testing to the WSLH if the person's anti-HCV EIA test result is positive. If the PCR test result is negative, LHDs may submit a specimen for a second PCR test 6 months later. The cost of LHD EIA and PCR testing will be charged to the Department of Health and Family Services-WSLH Basic Agreement as fee-exempt testing so long as there are funds available for this purpose.

4-5. Alternatives to direct provision of HCV testing

LHDs that do not directly provide venipuncture services should develop an arrangement with a local provider, e.g., a local clinic, community health center, free clinic, or AIDS service organization (ASO) whereby such services can be provided to eligible LHD clients. Specimens collected by another facility may be submitted to the WSLH under the LHD's fee-exempt number and tested at no charge to the client. See *Attachment I* for an example of a MOU between a LHD and a community health center.

4-6. Partnerships with local substance abuse service providers

To maximize HCV case-finding, LHDs should work with local substance abuse services that treat IDUs to develop anti-HCV testing services for their clients. For example, a LHD could provide anti-HCV screening services for clients of a methadone maintenance program or a drug recovery program. A list of the methadone detoxification and maintenance programs in Wisconsin is provided in *Attachment J.* For additional information on local drug treatment programs, see the Wisconsin Substance Abuse Services Directory, published by the Wisconsin Division of Disability and Elder Services Bureau of Substance Abuse Services, and available from the Wisconsin Clearing house for Prevention Services, 1552 University Ave., Madison, WI 53705, 608-263-3300, or 800-248-9244, or contact hlthserv@www.uhs.wisc.edu)

4-7. Instructions for submitting serology specimens to the Wisconsin State Laboratory of Hygiene for Hepatitis C Testing

- For anti-HCV EIA – Use Kit #22B
- Collect whole blood specimen in a serum separator tube (SST).
- Label the specimen with the patient's name and date of collection.
- Allow blood to clot for 20 minutes and centrifuge the SST tube at 600-1200 rpm for 20 minutes, if possible.
- Wrap specimen with absorbent material, e.g., several layers of paper towels to cushion and avoid freezing a whole blood specimen.
- Place wrapped specimen in biohazard bag and zip close.
- Complete the WSHL CDD Requisition Form (B)(*Attachment K)* and request test #49 "Hepatitis C Serodiagnosis".
- Place the requisition form in the pocket of the biohazard bag.
- Place specimen in mailer (maximum of 5 specimens).
- Place a frozen coolant pack in the shipping container
- Tape the mailer closed.
- Attach Wisconsin State Laboratory of Hygiene (WSLH) address to mailer.
- Return by mail.

- For HCV PCR – Use Kit #22H
  *Note: Specimens must be shipped cold (2-8° C) using coolant packs provided; store coolant packs in freezer prior to shippi*ng.
  - Collect whole blood specimen in a SST.
  - Within six hours of collection, centrifuge the SST at 600-1200 rpm for 20 minutes.
  - Label the specimen with the patient's name and date of collection.
  - Store specimen at 2-8°C (36-46°F) until shipping.
  - Wrap specimen with absorbent material.
  - Place wrapped specimen in biohazard bag and zip closed.
  - Complete the WSHL CDD Requisition Form (B) (*Attachment K*) and request test #48 "Hepatitis C Virus PCR."
  - Place the requisition form in the pocket of the biohazard bag.
  - Place a frozen coolant pack in the shipping container.
  - Tape mailer closed.
  - Attach Wisconsin State Laboratory of Hygiene (WSLH) address to mailer.
  - Return mailer by mail or express courier.

  PCR specimens must be received at the WSLH within 72 hours of collection. Shipment early in the week is encouraged. If a courier is used, payment for the service is the responsibility of the LHD.

Section 5. Surveillance for HCV infection

5-1. Wisconsin Hepatitis C Surveillance System

Wisconsin Administrative Rule HFS 145 designates HCV infection as a category II reportable communicable disease that must be reported to the LHD within 72 hours of identification of a case or suspected case. LHDs complete case follow-up and forward case information to the Hepatitis C Program, Bureau of Communicable Diseases, PO Box 2659, Madison, WI 53701-2659 for review, data entry and data analysis.

The Wisconsin hepatitis C surveillance system includes a feature that notifies LHDs of laboratory reports of HCV infection that were reported directly to the Hepatitis C Program. Information on laboratory reports that include a patient address is forwarded directly to the LHD. Unavoidably, this may result in the LHD receiving multiple reports on the same case. If the laboratory report does not contain a patient address, a letter is sent to the health care provider or the laboratory requesting the address and other patient information. Information received through these inquiries is forwarded to the LHD on a Hepatitis C Case Report.

5-2. Case Definitions and Reporting Requirements

- **Confirmed HCV infection**
  - *Case definition* – A person with a positive enzyme immunoassay (EIA) test result that has a high s/co ratio, a positive recombinant immunoblot assay (RIBA) test result, a positive polymerase chain reaction (PCR) test result, a detectable viral load or an identified genotype.
  - *Reporting requirement*
    - Reportable.
  - *Form to submit*
    - Acute and Communicable Disease Case report (4151) (*Attachment L)*
    - If the report was received from the Wisconsin Hepatitis C Surveillance System on a Hepatitis C Case Report, complete the disposition box and return the Case Report to the Hepatitis C Program.

- **Probable HCV infection**
  - *Case definition* – A person with a positive EIA test result with an unknown or low s/co ratio and no other test result reported. Positive anti-HCV EIA test results should be confirmed by further laboratory testing (e.g., by a RIBA or a PCR).
  - *Reporting requirement*
    - If the person with the positive EIA test result will definitely receive follow-up HCV testing, report the result of the follow-up test.
    - If it is uncertain that the person with the positive EIA test result will receive follow-up HCV testing, report the EIA test result alone.
  - *Form to submit*
    - Acute and Communicable Disease Case report (4151) (*Attachment L*).
    - If the report was received from the Hepatitis C Program on a Hepatitis C Case Report, complete the disposition box and return the Case Report to the Hepatitis C Program.

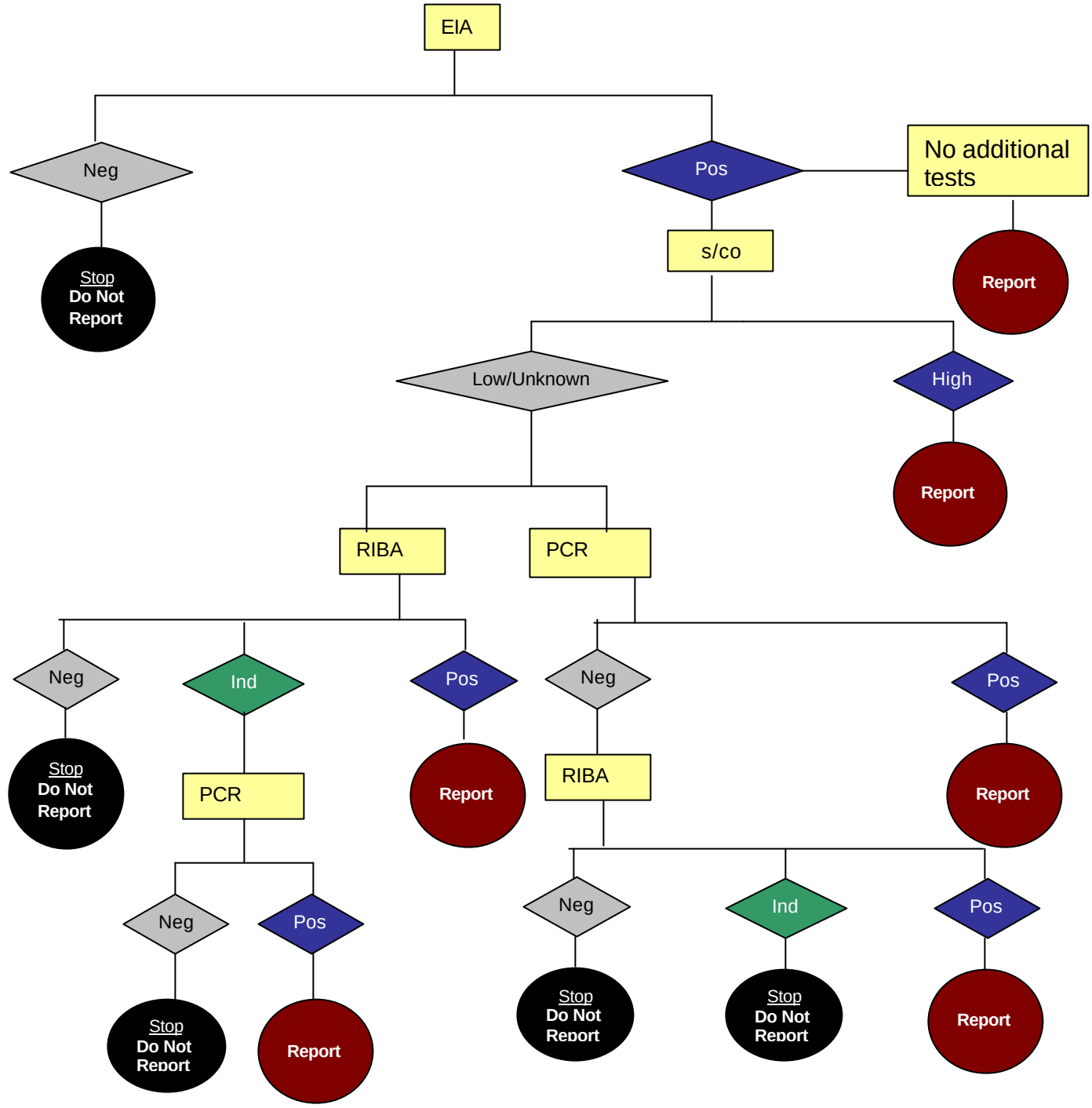
- **Acute HCV infection**
  - *Case definition* – Clinical Criteria
    An acute illness with
    - Disease onset of symptoms AND

- Jaundice or elevated serum aminotransferase levels

- *Case definition* – Laboratory Criteria
  - Serurm aminostransferase levels > 7 times the upper limit of normal, AND
  - IgM anti-HAV negative, AND
  - IgM anti HBc negative (if done) or HBsAg negative, AND
  - Anti-HCV positive with a high s/co ratio, OR
  - RIBA positive, OR
  - HCV RNA positive.
- *Reporting requirement*
  - Reportable.
- *Forms to submit*
  - Acute and Communicable Disease Case report (4151) (*Attachment L*) and
  - CDC Viral Hepatitis Case Report (*Attachment M*). This is a revised multi-page version of the CDC Viral Hepatitis Care Record (53.1) that includes a demographic and clinical page that should be completed on anyone with acute viral hepatitis and separate disease-specific pages for collection of risk information. The CDC Viral Hepatitis Case Report (*Attachment M)* is available at http://www.cdc.gov/ncidod/diseases/hepatitis/resource/PDFs/vhsp02.pdf and can be downloaded, completed and submitted.

- *Note:* Documented seroconversions should be followed-up as cases of acute HCV infection. A documented seroconversion is defined as a conversion in HCV serostatus, within ≤ 6 months, from anti-HCV negative to:
  - Anti-HCV positive with a s/co ratio reported as high, OR
  - RIBA positive, OR
  - HCV RNA positive.

5.3 Algorithm for reporting HCV test results to the Wisconsin Hepatitis C Program



Key:
EIA – Enzyme immunoassay
RIBA – Recombinant immunoblot assay
PCR – Polymerase chain reaction
s/co – Signal to cut off

Ind – Indeterminate
Neg – Negative
Pos - Positive

Section 6. Acute Hepatitis C Case Follow-up

6.1 Background

Acute HCV infection is very difficult to detect and is rarely recognized as a clinical phenomenon. Between 60-70% of persons with HCV infection are asymptomatic. Additionally, current laboratory tests do not distinguish between current or past HCV infection, nearly 10% of acute HCV cases will be anti-HCV negative because they have not yet seroconverted, and a negative HCV RNA test result does not exclude the possibility of HCV infection (CDC 2003). Persons who do have symptoms usually present with jaundice, anorexia, malaise, and abdominal pain 6-7 weeks (range: 2 to 12 weeks) after exposure. Among some patients, symptoms can precede anti-HCV seroconversion and a follow-up antibody test may be needed to make the diagnosis. Detection of recent HCV infection is also rare and most likely to occur among persons who are repeatedly tested for HCV infection, such as donors of blood products or health care workers who have been significantly exposed to a HCV-positive source.

6.2 Why follow-up of acute HCV infection is important

Priority for follow-up should be given to patients who may have an acute or recent HCV infection for several reasons:

- At risk contacts can be identified and referred for counseling and testing.
- Recently infected persons are more likely to respond to treatment. Persons with acute disease can be monitored for spontaneous viral clearance and, if this does not occur, they can be evaluated for possible treatment.
- Data on acute HCV infection can be used to identify outbreaks, monitor trends in HCV incidence, and determine risk factors for infection (CDC, 2002).

6.3 Possible indicators of acute HCV infection

If one or more of the following factors are present, in the absence of information indicating that the case is chronic or resolved, suspect that the case is acute or recently acquired:

- Age less than or equal to 25 years of age,
- Current or recent (within the last 6 months before symptom onset) injection drug use,
- Recent blood exposure to someone with HCV infection,
- Recent (within the last 6 months before symptom onset) hemodialysis patient,
- Tested and diagnosed with HCV infection in an emergency room or an urgent care facility,
- Presented to health care provider with symptoms compatible with acute hepatitis,
- Significantly elevated liver enzymes ($\geq$ 350), or
- Disqualified repeat blood product donor (suggests recent anti-HCV seroconversion), or
- No other risk factors and >60 years of age.

6.4 Elements of acute HCV Case Investigation

Case investigations conducted of suspected acute and recent cases of HCV infection should include the following (CDC, 2002):

- Determination of clinical features (if any)
  - Determine the date of illness onset, whether jaundice or other symptoms consistent with acute viral hepatitis were present and the results of testing for aminotransferase (ALT) levels.
  - If possible, evaluate previous medical history for evidence of past infection to assess likelihood that current symptoms are due to a newly acquired infection.
- Determination of diagnostic test results

- Serologic confirmation of acute hepatitis C requires negative test results for IgM anti-HAV and IgM anti-HBc and a positive test result for anti-HCV by EIA verified by a positive test result from an additional more specific assay (e.g., RIBA for anti-HCV or RT-PCR for HCV RNA) or by an EIA s/co ratio of $\geq$ 3.8.

♦ Assessment of risk factors
- All confirmed cases of acute HCV infection should be interviewed to identify risk factors(s) for infection during the 2 weeks to 6 months prior to illness onset. See risk factors listed on the Viral Hepatitis Case Report (Attachment M). If the person has no risk factors for HCV infection, determine whether s/he received any therapeutic injections in the prior 2 weeks to 6 months.

♦ Counseling, additional testing and medical referral (if necessary)
- Persons with acute HCV infection should be advised on how to reduce their risk of transmitting HCV to others and the need for follow-up to determine the outcome of their infection.

♦ Contact identification and referral
- Elicit the names of the case's sexual and drug use contacts. Locate contacts and refer for counseling and anti-HCV testing. Document outcomes of partner notification process. Self-referral is also an option if contact follow through can be verified with the health care provider. If the person's only risk factor is receipt of a therapeutic injection, obtain the name of the health care provider and notify the Hepatitis C Program.

Section 7: Other aspects of LHD HCV client follow-up

This section offers some general advice about LHD follow-up of clients with HCV infection.

7.1 Client contact

Individual LHD guidelines regarding initiating client contact should be followed. If the client is being reported by a laboratory, either directly or through the Hepatitis C Program, the PHN may wish to contact the health care provider before contacting the patient. The health care provider may have additional information, such as more laboratory test results, hepatitis A and B vaccination history, and treatment status that will be important to know when approaching the patient. Some patients may be difficult to reach by telephone. In such cases, it is acceptable to send the patient a general letter, or, if in keeping with LHD policy, a more specific letter and/or a pamphlet that provides information on hepatitis C.

7.2 Case prioritization, by source of referral

Because of the volume of cases of HCV infection, some LHDs may need to prioritize client follow-up. Priority for follow-up should be given to clients identified by blood or plasma collection centers, insurance companies, correctional facilities, AIDS/HIV counseling, testing and referral (CTR) sites, STD clinics and drug treatment facilities. Clients identified in these settings may have fewer resources and more need of public health services than clients with health insurance who are currently under the care of a medical provider.

7.3 LHD case follow-up materials

Some LHDs have developed patient follow-up forms to assure uniformity of public health nursing-client interactions. See *Attachment N* for the Madison Department of Public Health's Hepatitis C Case Follow-up Worksheet. The Wisconsin Hepatitis C Program has also developed a model procedure for public health follow-up of clients with HCV infection that is included as *Attachment O* of this document.

7.4 Client record closure

LHD procedures regarding client record closure should be followed. Generally, it is acceptable to close the client record if all needed services have been provided, if services are not needed because they have already been provided, if the client has moved out of the LHD's jurisdiction, if the client has refused services or if the client has not responded to multiple letters and phone calls. Locating information on clients who have moved to another LHD jurisdiction in Wisconsin should be forwarded to the appropriate LHD. Locating information on clients who have moved out of Wisconsin should be forwarded to the Hepatitis C Program. The Hepatitis C Program will forward the information to the appropriate state health department.

Attachments

Attachment A : Glossary of Terms

Term	Definition
ALT	Alanine aminotransferase. Liver enzyme released in response to liver injury.
Anti-HCV	Antibody to HCV that develops in response to HCV infection.
Chronic (persistent) HCV infection	Persistent infection with HCV; characterized by detection of HCV RNA ≥6 months after newly acquired infection.
EIA for anti-HCV	Enzyme immunoassay that detects anti-HCV.
End of treatment response	Absence of viremia at completion of therapy.
FDA	US Food and Drug Administration.
FQHC	Federally Qualified Health Center.
HCV	Hepatitis C virus.
HCV RNA	Hepatitis C virus ribonucleic acid.
HIV	Human immunodeficiency virus.
IDU	Injecting drug user.
LHD	Local Health Department.
NAT	Nucleic acid test. Detects HCV RNA by amplification of viral genetic sequences.
Nonresponder to treatment	Failure to clear HCV RNA from serum during therapy.
OD	Optical density.
PCR	Reverse transcriptase polymerase chain reaction amplification, a nucleic acid testing method for detection of HCV RNA.
Qualitative RT-PCR for HCV RNA	Test to detect HCV RNA by amplification of viral genetic sequences.
Quantitative assays for HCV RNA	Tests to detect HCV RNA concentration (viral load) by amplification of viral genetic sequences or signal amplification.

Relapse response to treatment	Undetectable serum HCV RNA at completion of therapy but subsequent redevelopment of viremia.
Resolved HCV infection	Recovery following HCV infection characterized by sustained disappearance of serum HCV RNA and normalization of liver enzymes.
RIBA	Recombinant immunoblot assay. Detects anti-HCV.
RNA	Ribonucleic acid.
s/co ratio	Signal to cut-off ratio, calculated by dividing the OD value of the sample being tested by the OD value of the assay cut-off for that run. A high s/co ratio ($\geq$ 3.8) is highly predictive of true anti-HCV seropositivity.
SST	Serum separator tube.
Sustained response to treatment	Persistent absence of HCV RNA six months or more after cessation of therapy. Relapses have rarely been reported after this point.
WSLH	Wisconsin State Laboratory of Hygiene.

Attachment B: Wisconsin Immunization Vaccine Order form

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 42000 (Rev. 04/03)

STATE OF WISCONSIN
Telephone (608) 267-5148
Fax (608) 267-9493

VACCINE ORDER

INSTRUCTIONS Order the number of doses **(not vials)** of vaccine that are needed. If Vaccine Information Statements are needed, indicate the quantity in the appropriate space below. **The vaccine order should be for a 2-month supply. Allow 2 weeks for delivery**. Sign and return completed order to the address below or Fax.
(Note: A public provider is a health department, tribal clinic or Federally Qualified Health Center.)

Name of Agency Requesting Vaccine(s)	PIN No.
Street Address	
City / State / Zip	

Public and Private Providers		**Private Providers Only**	
Vaccine	**Doses Requested**	**Vaccine**	**Doses Requested**
Td (Adult)		DTaP (GSK – Infanrix)	
IPV		DTaP (Aventis Pasteur-Tripedia)	
MMR		DTaP (Aventis -DAPTACEL)	
Hep B - Hib (Merck & Company) (Comvax)		Hep B (GSK-ENGERIX-B 0-18 years)	
DT (Pediatric)		Hep B (Merck & Company) – Recombivax HB 0-18 years)	
Varicella		Hib (Merck & Company) PedvaxHIB)	
Hep B – Adult		Hib (Wyeth – HibTITER)	NOT AVAILABLE
Pneumococcal: Conjugate (PCV7)		Hib (Aventis Pasteur– ActHIB)	
HepB-DTaP-IPV (GSK) (Pediarix)			

Public Providers Only	
Vaccine	**Doses Requested**
DTaP (GSK-Infanrix)	
Hep B (GSK-ENGERIX-B 0-18 years)	
Hib (Merck & Company) PedvaxHIB)	

Vaccine Information Statements

Indicate the quantity forms needed. Do not indicate by marking with a check (√) mark. Forms are packaged 100 forms per pad.

DTaP _____ Td _____
Hib _____ Polio _____
MMR _____ Varicella _____
Hep B _____
Pneumococcal: Conjugate_____
Vaccine Administration Record (Signature form) _____

SIGNATURE – Person Completing this order	Telephone ( )	FAX: ( )	Date Signed

Return completed form to:
Wisconsin Immunization Program
Bureau of Communicable Diseases
P. O. Box 2659
Madison, WI 53701-2659
Fax (608) 267-9493

Available from the Wisconsin Immunization Program at 608-267-9959

Attachment C: Hepatitis A Vaccine Information Statement

HEPATITIS A VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis A?

Hepatitis A is a serious liver disease caused by the hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A. It is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

Hepatitis A can cause:
- mild "flu-like" illness
- jaundice (yellow skin or eyes)
- severe stomach pains and diarrhea

People with hepatitis A infection often have to be hospitalized. In rare cases, hepatitis A causes death.

A person who has hepatitis A can easily pass the disease to others within the same household.

Hepatitis A vaccine can prevent hepatitis A.

2 Who should get hepatitis A vaccine and when?

- Persons 2 years of age and older traveling or working in countries with high rates of hepatitis A, such as those located in Central or South America, the Caribbean, Mexico, Asia (except Japan), Africa, and southern or eastern Europe. *The vaccine series should be started at least one month before traveling.*
- Persons who live in communities that have prolonged outbreaks of hepatitis A.
- Persons who live in communities with high rates of hepatitis A: for example, American Indian, Alaska Native, and Pacific Islander communities and some religious communities.
- Men who have sex with men.
- Persons who use street drugs.
- Persons with chronic liver disease.
- Persons who receive clotting factor concentrates.

Two doses of the vaccine, given at least 6 months apart, are needed for lasting protection.

Hepatitis A vaccine may be given at the same time as other vaccines.

3 Some people should not get hepatitis A vaccine or should wait

People who have ever had a serious allergic reaction to a previous dose of hepatitis A vaccine should not get another dose.

People who are mildly ill at the time the shot is scheduled should get hepatitis A vaccine. People with moderate or severe illnesses should usually wait until they recover. Your doctor or nurse can advise you.

The safety of hepatitis A vaccine for pregnant women is not yet known. But any risk to either the pregnant woman or the fetus is thought to be very low.

Ask your doctor or nurse for details.

4 What are the risks from hepatitis A vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis A vaccine causing serious harm, or death, is extremely small.

Getting hepatitis A vaccine is much safer than getting the disease.

Mild problems

- soreness where the shot was given *(about 1 out of 2 adults, and up to 1 out of 5 children)*
- headache *(about 1 out of 6 adults and 1 out of 20 children)*
- loss of appetite *(about 1 out of 12 children)*
- tiredness *(about 1 out of 14 adults)*

If these problems occur, they usually come 3-5 days after vaccination and last for 1 or 2 days.

Severe problems

- serious allergic reaction, within a few minutes to a few hours of the shot *(very rare)*.

5 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat, or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call VAERS yourself at **1-800-822-7967.**

6 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-2522** (English)
  - Call **1-800-232-0233** (Español)
  - Visit the National Immunization Program's website at **http:/www.cdc.gov/nip,** or CDC's hepatitis website at **http://www.cdc.gov/ncidod/diseases/hepatitis/hepatitis.htm**

IMMUNE GLOBULIN (IG)

Immune globulin can provide *temporary* immunity to hepatitis A.

Who should get IG?
- Persons who have been exposed to HAV and can get IG within 2 weeks of that exposure.
- Travelers to areas with high rates of hepatitis A, if they do not receive hepatitis A vaccine.

When should IG be given?
It can be given before exposure to HAV or within 2 weeks after exposure

Benefits
IG protects against HAV for 3-5 months, depending on dosage.

Risks
Rare: swelling, hives, or allergic reaction.

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Hepatitis A (8/25/98)
Vaccine Information Statement

Attachment D: Hepatitis B Vaccine Information Statement

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Hepatitis B is a serious disease.
The hepatitis B virus (HBV) can cause short-term (acute) illness that leads to:

- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

It can also cause long-term (chronic) illness that leads to:

- liver damage (cirrhosis)
- liver cancer
- death

About 1.25 million people in the U.S. have chronic HBV infection.

Each year it is estimated that:

- 80,000 people, mostly young adults, get infected with HBV
- More than 11,000 people have to stay in the hospital because of hepatitis B
- 4,000 to 5,000 people die from chronic hepatitis B

Hepatitis B vaccine can prevent hepatitis B. It is the first anti-cancer vaccine because it can prevent a form of liver cancer.

2 How is hepatitis B virus spread?

Hepatitis B virus is spread through contact with the blood and body fluids of an infected person. A person can get infected in several ways, such as:

- by having unprotected sex with an infected person
- by sharing needles when injecting illegal drugs
- by being stuck with a used needle on the job
- during birth when the virus passes from an infected mother to her baby

About 1/3 of people who are infected with hepatitis B in the United States don't know how they got it.

3 Who should get hepatitis B vaccine and when?

1) Everyone 18 years of age and younger
2) Adults over 18 who are at risk

Adults at risk for HBV infection include:

- people who have more than one sex partner in 6 months
- men who have sex with other men
- sex contacts of infected people
- people who inject illegal drugs
- health care and public safety workers who might be exposed to infected blood or body fluids
- household contacts of persons with chronic HBV infection
- hemodialysis patients

If you are not sure whether you are at risk, ask your doctor or nurse.

✓ **People should get 3 doses of hepatitis B vaccine according to the following schedule.** *If you miss a dose or get behind schedule, get the next dose as soon as you can. There is no need to start over.*

Hepatitis B Vaccination Schedule		WHO?		
		Infant whose mother is infected with HBV	Infant whose mother is *not* infected with HBV	Older child, adolescent, or adult
WHEN?	First Dose	Within 12 hours of birth	Birth - 2 months of age	Any time
	Second Dose	1 -2 months of age	1 - 4 months of age (at least 1 month after first dose)	1 - 2 months after first dose
	Third Dose	6 months of age	6 - 18 months of age	4 - 6 months after first dose

- The second dose must be given at least 1 month after the first dose.
- The third dose must be given at least 2 months after the second dose and at least 4 months after the first.
- The third dose should *not* be given to infants under 6 months of age, because this could reduce long-term protection.

Adolescents 11 to 15 years of age may need only two doses of hepatitis B vaccine, separated by 4-6 months. Ask your health care provider for details.

Hepatitis B vaccine may be given at the same time as other vaccines.

4 Some people should not get hepatitis B vaccine or should wait

People should not get hepatitis B vaccine if they have ever had a life-threatening allergic reaction to **baker's yeast** (the kind used for making bread) or to a **previous dose of hepatitis B vaccine.**

People who are moderately or severely ill at the time the shot is scheduled should usually wait until they recover before getting hepatitis B vaccine.

Ask your doctor or nurse for more information.

5 What are the risks from hepatitis B vaccine?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of hepatitis B vaccine causing serious harm, or death, is extremely small.

Getting hepatitis B vaccine is much safer than getting hepatitis B disease.

Most people who get hepatitis B vaccine do not have any problems with it.

Mild problems

- soreness where the shot was given, lasting a day or two (up to 1 out of 11 children and adolescents, and about 1 out of 4 adults)
- mild to moderate fever (up to 1 out of 14 children and adolescents and 1 out of 100 adults)

Severe problems

- serious allergic reaction (very rare)

6 What if there is a moderate or severe reaction?

What should I look for?

Any unusual condition, such as a serious allergic reaction, high fever or unusual behavior. Serious allergic reactions are extremely rare with any vaccine. If one were to occur, it would be within a few minutes to a few hours after the shot. Signs can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form. Or call VAERS yourself at **1-800-822-7967** or visit their website at **http://www.vaers.org.**

7 The National Vaccine Injury Compensation Program

In the rare event that you or your child has a serious reaction to a vaccine, a federal program has been created to help you pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call **1-800-338-2382** or visit the program's website at **http://www.hrsa.gov/osp/vicp**

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
  - -Call **1-800-232-2522** or **1-888-443-7232** (English)
  - -Call **1-800-232-0233** (Español)
  - -Visit the National Immunization Program's website at **http://www.cdc.gov/nip** or CDC's Division of Viral Hepatitis website at **http://www.cdc.gov/hepatitis**

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement
Hepatitis B (7/11/01) 42 U.S.C. § 300aa-26

Available from the Immunization Action Coalition website at http://www.immunize.org/vis/index.htm

Attachment E: Vaccine Administration Record (DPH 4702)

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 4702 (Rev. 03/03)

STATE OF WISCONSIN
Wis. Stats. 252.04

VACCINE ADMINISTRATION RECORD

Information collected on this form will be used to document authorization for receipt of vaccine(s). Information may be shared through the Wisconsin Registry (WIR) with other health care providers directly involved with the patient to assure completion of the vaccine schedule. Information collected on this form is voluntary and the Social Security Number will be used by parent or guardian to access the Wisconsin Immunization Registry.

CHART NUMBER

Patient's Name (Last, First, Middle Initial)	Mother's Maiden Name (Last, First, Middle Initial)	
Address	P. O. Box	
City / County	State	Zip Code
Email address (If applicable) / Home Telephone Number ( )	Work Telephone Number ( )	Extension
Social Security Number / Date of Birth (mm/dd/yyyy)	Gender ☐ Male ☐ Female	
Race (Check one) ☐ African American ☐ Asian ☐ Caucasian ☐ Native American ☐ Other	Ethnicity (Check one) ☐ Hispanic ☐ Non-Hispanic	
Eligibility Status (Check all that apply) This section must be completed.	☐ **Native American** ☐ **Medicaid Eligible** ☐ **Badger Care** ☐ **No Health Insurance** ☐ **Insured, Vaccines Not Covered** ☐ **Insured, Vaccines Covered**	
Name of Physician	Name of Insurance Provider	Name of School or Day Care (If applicable)
Name of Parent or Guardian Responsible for Patient (Last, First, Middle Initial)	Relationship to Patient	
Okay to share immunization data with WIR? ☐ Yes ☐ No	Is reminder or recall contact allowed? ☐ Yes ☐ No	Would you like reminder/recall sent to you? ☐ Yes ☐ No

I have been given a copy and have read, or have had explained to me, information about the disease(s) and vaccine(s) to be received. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) be given to me or to the person named above for whom I am authorized to make this request.

Wisconsin Medicaid restricts billing recipients for any covered service(s). I understand that if I am a Medicaid/BadgerCare recipient I cannot be charged an administration fee or asked for any type of donation for the administration of any vaccine that is being provided.

SIGNATURE - Person to receive vaccine or person authorized to sign on the patient's behalf. Date Signed

X

FOR OFFICE USE

Vaccine	Route	Site Admin.*	Dose Number	Manufacturer	Lot Number	CDC Form Date
DTaP/DT	IM	RV LV RD LD	1 2 3 4 5			07/30/01
Hep B	IM	RV LV RD LD	1 2 3			07/11/01
Hib	IM	RV LV RD LD	1 2 3 4			12/16/98
Hib-Hep B Combined	IM	RV LV RD LD	1 2 3			12/16/98 (use Hib and Hep B)
MMR	SQ	RV LV RD LD	1 2			01/15/03
Polio	IM or SQ	RV LV RD LD	1 2 3 4			01/01/00
Td	IM	RV LV RD LD	1 2 3 4 5 6			6/10/94
Varicella	SQ	RV LV RD LD	1 2			12/16/98
Pneumococcal Conjugate (PCV7)	IM	RV LV RD LD	1 2 3 4			09/30/02
Other						

*RV=R Vastus Lateralis, LV=L Vastus Lateralis, RD=R Deltoid, LD=L Deltoid Subcutaneous injections are administered in the muscle "area".

SIGNATURE AND TITLE– Person Administering Vaccine Date Vaccine Administered

X

Address – Clinic, Public Health Department

Available from the Wisconsin Immunization Program by calling 608-267-9959

.

Attachment F: Wisconsin Immunization Record (DPH 4257)

Available from the Wisconsin Immunization Program by calling 608-267-9959.

Bring this record with you each time a vaccine is given.

- State law requires written evidence of immunization prior to day care or school entrance.
- Keep this record up-to-date. It will serve as a lifetime immunization history.
- Check with your physician or public health department for recommended childhood and adult vaccines.

Wisconsin Department of Health and Family Services
Division of Public Health, PO Box 2659, Madison, WI 53701-2659
DPH 4257 (Rev 05/00)

Last Name _____ First Name _____ Birthdate _____

Vaccine	Dose	Vaccine Type	Date (m/d/y)	Date Next Due	Provider Initials
Diphtheria Tetanus Pertussis (specify **DTaP** or DT)	1				
	2				
	3				
	4				
	5				
Tetanus-Diphtheria (adult **Td**)	1				
	2				
	3				
	4				
Polio (specify **IPV** or OPV)	1				
	2				
	3				
	4				
Measles Mumps(**MMR**) Rubella	1				
	2				
Haemophilus influenzae b (specify **Hib** or Comvax*)	1				
	2				
	3				
	4				
Hepatitis B (specify **Hep B** or Comvax*)	1				
	2				
	3				
Varicella (chickenpox) Dates of vaccine or Date of disease	1				
	2				
		Disease			
Pneumococcal (pediatric)	1				
	2				
	3				
	4				

*Comvax = Hib-Hep B

Attachment G: Wisconsin Community Health Centers

Beloit Area Community Health Center
74 Beloit Mall
Beloit, WI 53511
608/361-0311

Bridge Community Health Clinic
Primary Connection Health Care, Inc.
1810 North Second Street
Wausau, WI 54403
715/848-4884

Family Health Center of Marshfield
1000 North Oak Avenue
Marshfield, WI 54449-5790
715/387-5511

Additional Family Health Center Locations:

Athens Center
317 Washington
Athens, WI 54411
715/257-7521

Bruce Center
405 Bruce Lake Road
Bruce, WI 54819
715/868-1111
800/782-8581 Ext. 38403

Colby-Abbotsford Center
111 Dehne Drive
Colby, WI 54421
715/223-2331

Greenwood Center
102 W Cannery St.
Greenwood, WI 54437
715/267-6600

Ladysmith Center
906 College Avenue West
Ladysmith , WI 54848
715/532-2345

Loyal Center
141 South Main Street
Loyal, WI 54446
715/255-8595

Marathon Center
117 Main Street
Marathon, WI 54448
715/443-2609

Marshfield Center
1000 North Oak Avenue
Marshfield, WI 54449
715/387-5511

Mosinee Center
510 Orbiting Drive
Mosinee, WI 54455
715/ 693-9100

Park Falls Center
50 Sherry Avenue
Park Falls, WI 54552
715/762-3212

Phillips Center
104 Trinity Drive
Phillips, WI 54555
715/339-2101

Stratford Center
101 Wisconsin Ave
Stratford, WI 54484
715/687-4211

Thorp Center
704 South Clark
Thorp, WI 54771
715/664-5325

Family Health Medical & Dental Center
Centro de Salud Familiar
400 South Town Line Road
PO Box 1440
Wautoma, WI 54982
(800) 942-5330
920/787-5514 – main number

Health Care for the Homeless
711 West Capitol Drive
Milwaukee, WI 53206
414/374-2400 – main number

Additional Health Care for the Homeless Locations:

Hope House
1501 S. Second Street
Milwaukee, WI 53204
414/645-2122

Mary Mahoney Health Center
2449 North 36th Street
Milwaukee, WI 53210
414/442-8088

St. Benedicts Clinic
1015 North 9th Street
Milwaukee, WI 53233
414/271-0135

Madison Street Clinic
931 West Madison
Milwaukee, WI 53204
414/384-1400

Salvation Army Clinic
1730 North 7th Street
Milwaukee, WI 53205
414/265-6306

Kenosha Community Health Center
5436 22nd Avenue
Kenosha, WI 53140
262/656-0044

Lake Superior Community Health Center
2 E. Fifth Street
Duluth, MN 55805
218/722-1497

Lake Superior Community Health Center
1419 Hill Ave Ste B
Superior, WI 54880
715/392-1955

Milwaukee Health Services
MKL Heritage Health Center
2555 N. Martin Luther King Drive
Milwaukee, WI 53212
414/372-8080

Additional Milwaukee Health Services Locations:

Adolescent School-Based Clinic
North Division High School
1011 West Center Street
Milwaukee, WI 53206
414/265-1110, Ext. 5159

Isaac Coggs
2770 North 5th Street
Milwaukee, WI 53212
414/286-8882

N.E.W. Community Clinic
622 Bodart Way
Green Bay, WI 54301
920/437-9773

Additional NEW Community Clinic Locations:

Westside WIC Site
610 South Broadway
Green Bay, WI 54303
920/431-0243

NEW Community Shelter
409 North Broadway
Green Bay, WI 54303
920/437-3766

Freedom House
308 North Irwin
Green Bay, WI 54301
920/432-4646

Crossroads
123 South Webster
Green Bay, WI 54301
920/432-8659

Louise House
1011 Doty Street
Green Bay, WI 54301
920/432-8659

Salvation Army
626 Union Street
Green Bay, WI 54303
920/497-7053

Family Violence Center
PO Box 727
Green Bay, WI 54305-0727
920/435-0100

North Woods Community Health Centers
600 Shell Creek Road
Minong, WI 54859
715/466-2201

and

North Woods Community Health Centers
11128 N. State Hwy 77/27
Hayward, WI 54843
715/634-2541

Northern Health Centers
15397 Highway 32
Lakewood, WI 54138
715/276-6321

Scenic Bluffs Community Health Center
611 Broadway
Cashton, WI 54619
608/654-5100

and

Scenic Bluffs Community Health Center
200 W. North Street
Norwalk, WI 54648
608/823-7853

Sixteenth Street Community Health Center
1032 South 16th Street
Milwaukee, WI 53204
414/672-1353

and

Bayview Community Dental Center
Dental Clinic
2306 S. Kinnickinnic Ave
Milwaukee, WI 53207
414/744-8575

Other Resources for the Uninsured

The Wisconsin State Medical Society provides information on health care resources for the uninsured on its web site: www.wisconsinmedicalsociety.org/resources/uninsured.cfm.

Attachment H: Hepatitis Support Groups

Appleton

Where: H.O.P.E. (Healing Ourselves through Positive Enlightenment)
Fox Valley Unitarian Universalist Fellowship
2600 E. Phillip Lane
Appleton, WI
Phone: 920-739-4224 (Jean)
920-766-7702 (John
When: 1st and 3rd Monday of each month
7:00 pm

Beloit

Where: Beloit Area Community Health Center
74 Beloit Mall
Beloit, WI
Phone: 608-361-0311
When: 1st and 3th Thursday of each month
6:00-8:00 pm

Duluth

Where: Northland Liver's Support Group
St. Mary's Hospital, Wisconsin Room
407 East Third Street
Duluth, MN 55805
Phone: 218-485-0468 (Deb)
When: 2nd and 4th Monday
6:00-8:00 pm

Madison

Where: UW Hospital and Clinics
600 Highland Ave.
Madison, WI 53705
Room H6/215
Phone: 608-263-1142 (Annette Tealey)
When: 2nd and 4th Thursday of each month
7:00 pm

Marshfield

Where: Marshfield Clinic, Melvin R. Laird Center (across from main clinic entrance)
1000 N. Oak Ave
Marshfield, WI 54449
Phone: 715-389-7648 (Paula)
When: Second Tuesday of each month
6:30-8:30 pm

Milwaukee

Where: Froedtert Hospital
Conference Rooms A and B
9200 W. Wisconsin Ave.
Milwaukee, WI 53226
Phone: 414-805-2732 or jdaniel@mcw.edu (Jack Daniel)
When: Monthly, last Wednesday
6-7:30 pm

Attachment I: Example of fee exempt testing MOU

The Wisconsin Hepatitis C Program gratefully acknowledges the City of Menasha Health Department and Sue Nett, Health Officer, for sharing this MOU. Available from the City of Menasha Health Department, 920 967-5119.

City of Menasha • Health Services

MEMORANDUM OF UNDERSTANDING

Menasha Health Department (MHD) is requesting the assistance of the Fox Cities Community Clinic in implementing measures necessary to prevent, suppress, or control communicable disease (WI SS 252.03) through fee exempt testing for clients in the jurisdictional area of Menasha Health Department which is the City of Menasha.

Financial eligibility for fee exempt testing shall include clients without health insurance or other health coverage or clients who are unable to pay for health care services and qualify under the low-income financial guidelines established by the Fox Cities Community Clinic.

Specimens collected from City of Menasha residents may be submitted to the Wisconsin State Laboratory of Hygiene for analysis. The account number **592** is to be used for transactions.

Specimen collection shall be directed for **communicable disease investigation and control** and may include stool, sputum, blood, nasopharyngeal, intraurethral, and endocervical specimens.

HIV testing may be completed for the purpose of case finding.

Fox Cities Community Clinic shall comply with the communicable disease reporting schedule identified on the Division of Public Health Form 4151 for all confirmed test results.

Menasha Health Department and Fox Cities Community Clinic shall have established confidentiality and referral policies and procedures during the period of this MOU.

Both parties entering this agreement shall make services available to eligible clients and shall not discriminate because of age, race, color, handicap, sex, creed, national origin, ancestry, sexual orientation, arrest and conviction record, marital status, or religion.

Fox Cities Community Clinic shall provide a monthly listing of clients to Menasha Health Department for which specimens were submitted to the State Lab of Hygiene under this MOU.

Both parties shall observe all pertinent federal and state statutes and rules, as well as professional standards.

140 Main Street • Menasha, Wisconsin 54952-3190 • (920) 967-5119 • Fax (920) 967-5273

The benefit of the MOU is to ultimately improve health and well-being of the community by serving clients at risk for communicable disease who do not have the means to pay for laboratory testing. In entering this agreement, both parties shall respect the clients' right to privacy and shall deliver services that are family centered, community based, and culturally competent.

This MOU shall be reviewed annually. Either party may terminate this agreement at any time by providing a thirty (30) day written notice to the other party. This agreement remains in effect until terminated or amended in accordance with this provision.

Susan Nett RN MPA — 4-18-00

Susan Nett, RN MPA
Public Health Director / Health Officer
Menasha Health Department

Date

Marilyn Harding ARNP — 04-19-00

Marilyn Harding Clinic Director
Director
Fox Cities Community Clinic

Date

Attachment J: Methadone Detoxification and Maintenance Programs in Wisconsin

Chippewa Falls
Medicine Shoppe
603 N Bridge St
Chippewa Falls 54729
(715) 723-9192

La Crosse
Lutheran Hospital
Methadone Maintenance Program
1836 South St
La Crosse 54601
(608) 782-7300

Madison
Meriter Hospital
Methadone Detox Program
202 S Park St
Madison 53715
(608) 267-6167

Madison Health Services
Methadone Maintenance Program
3113 E Washington Ave
Madison 53704
(608) 242-0220

Menasha
Valley Health Services
Methadone Maintenance Program
Jane Willequette, Director
1201 W Tuckaway La
Menasha 54952
(920) 733-4443

Milwaukee
WI Correctional Service-Eclipse
Methadone Maintenance Program
5434 W. Capitol Dr
Milwaukee 53216
(414) 431-0361

Milwaukee Health Service Systems I
Methadone Maintenance Program
4383 North 27th St
Milwaukee 53216
(414) 871-8883

Milwaukee Health Service Systems II
Methadone Maintenance Program
4800 S 10th St
Milwaukee 53221
(414) 744-5370

Sinai Samaritan Medical Center
Methadone Detox Program
945 N 12th St
Milwaukee 53233
414-219-2000

VA Hospital
MH 116C
5000 W National Ave
Milwaukee 53295
(414) 384-2000 ext. 41159

Racine
Quality Addiction Management
Methadone Maintenance Program
6233 Bankers Rd, Ste 10
Racine 53403
(262) 598-1392

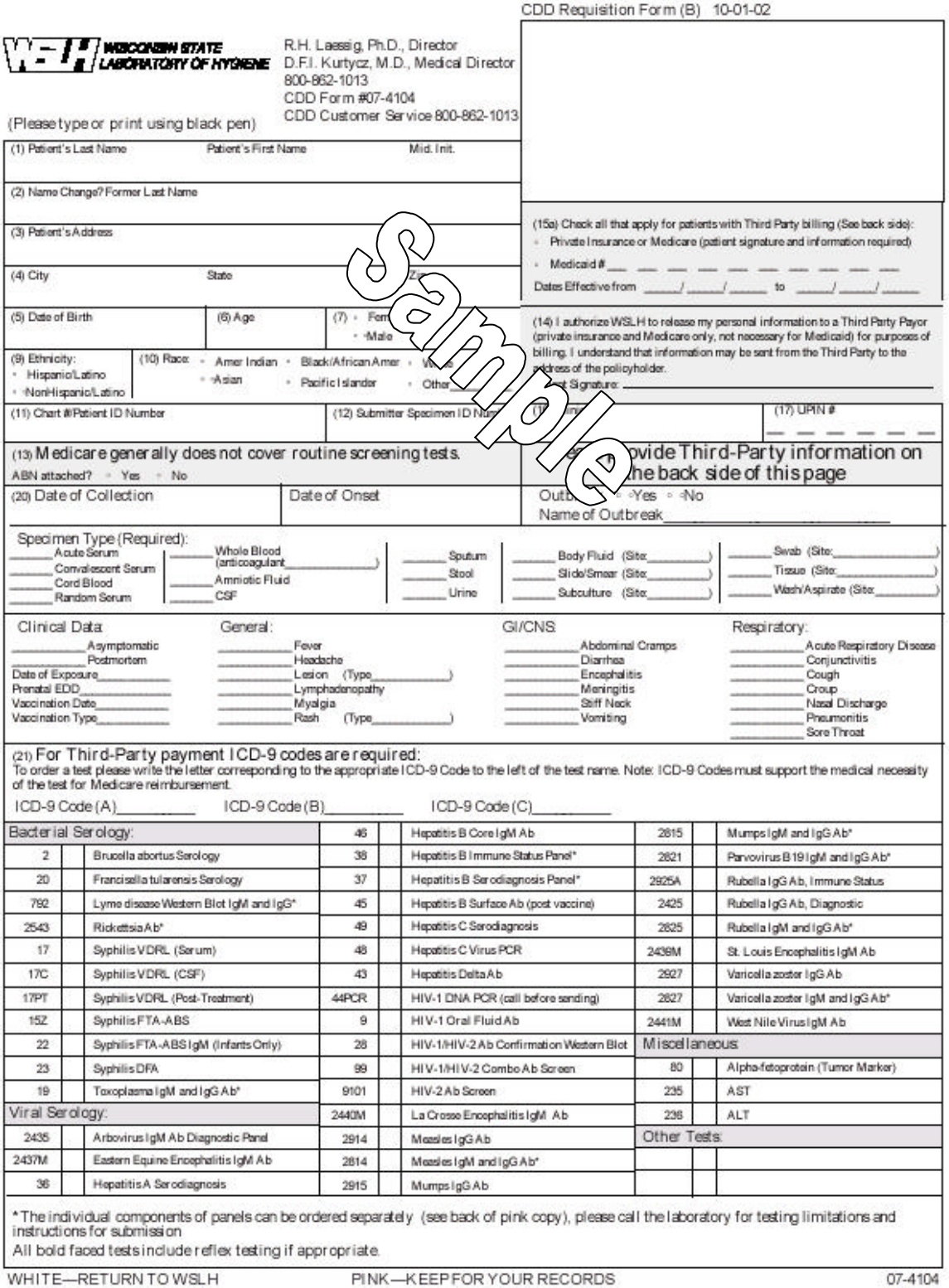
Waukesha
Quality Addiction Management
Methadone Maintenance Program
2422 W Grandview Blvd
Waukesha 53188
(262) 549-6600

Wauwatosa
Milwaukee Psychiatric Hospital
Methadone Detox Program
1200 Dewey Ave
Wauwatosa 53213
(414) 258-2600

West Milwaukee
Quality Addiction Management
Methadone Maintenance Program
4710 W National Ave
West Milwaukee 53214
(414) 672-3801

Attachment K: WSLH CDD Requisition Form (B)

Available from the Wisconsin State Laboratory of Hygiene by calling: 800-862-1013.



CDD Requisition Form (B) 10-01-02

WISCONSIN STATE LABORATORY OF HYGIENE

R.H. Laessig, Ph.D., Director
D.F.I. Kurtycz, M.D., Medical Director
800-862-1013
CDD Form #07-4104
CDD Customer Service 800-862-1013

(Please type or print using black pen)

(1) Patient's Last Name | Patient's First Name | Mid. Init.

(2) Name Change? Former Last Name

(3) Patient's Address

(4) City | State | Zip

(5) Date of Birth | (6) Age | (7) ◦ Female ◦ Male

(9) Ethnicity: ◦ Hispanic/Latino ◦ Non-Hispanic/Latino

(10) Race: ◦ Amer Indian ◦ Black/African Amer ◦ White ◦ Asian ◦ Pacific Islander ◦ Other

(11) Chart #/Patient ID Number | (12) Submitter Specimen ID Number | (17) UPN #

(13) Medicare generally does not cover routine screening tests.
ABN attached? ◦ Yes ◦ No

(15a) Check all that apply for patients with Third Party billing (See back side):
◦ Private Insurance or Medicare (patient signature and information required)
◦ Medicaid # Dates Effective from ___/___/___ to ___/___/___

(14) I authorize WSLH to release my personal information to a Third Party Payor (private insurance and Medicare only, not necessary for Medicaid) for purposes of billing. I understand that information may be sent from the Third Party to the address of the policyholder.
Patient Signature:

Please provide Third-Party information on the back side of this page

(20) Date of Collection | Date of Onset

Outbreak ◦ Yes ◦ No
Name of Outbreak

Specimen Type (Required):
Acute Serum; Convalescent Serum; Cord Blood; Random Serum; Whole Blood (anticoagulant); Amniotic Fluid; CSF; Sputum; Stool; Urine; Body Fluid (Site); Slide/Smear (Site); Subculture (Site); Swab (Site); Tissue (Site); Wash/Aspirate (Site)

Clinical Data: Asymptomatic; Postmortem; Date of Exposure; Prenatal EDD; Vaccination Date; Vaccination Type

General: Fever; Headache; Lesion (Type); Lymphadenopathy; Myalgia; Rash (Type)

GI/CNS: Abdominal Cramps; Diarrhea; Encephalitis; Meningitis; Stiff Neck; Vomiting

Respiratory: Acute Respiratory Disease; Conjunctivitis; Cough; Croup; Nasal Discharge; Pneumonitis; Sore Throat

(21) For Third-Party payment ICD-9 codes are required:
To order a test please write the letter corresponding to the appropriate ICD-9 Code to the left of the test name. Note: ICD-9 Codes must support the medical necessity of the test for Medicare reimbursement.
ICD-9 Code (A)_____ ICD-9 Code (B)_____ ICD-9 Code (C)_____

Bacterial Serology:			46		Hepatitis B Core IgM Ab	2815		Mumps IgM and IgG Ab*
2		Brucella abortus Serology	38		Hepatitis B Immune Status Panel*	2821		Parvovirus B19 IgM and IgG Ab*
20		Francisella tularensis Serology	37		Hepatitis B Serodiagnosis Panel*	2925A		Rubella IgG Ab, Immune Status
792		Lyme disease Western Blot IgM and IgG*	45		Hepatitis B Surface Ab (post vaccine)	2425		Rubella IgG Ab, Diagnostic
2543		Rickettsia Ab*	49		Hepatitis C Serodiagnosis	2825		Rubella IgM and IgG Ab*
17		Syphilis VDRL (Serum)	48		Hepatitis C Virus PCR	2436M		St. Louis Encephalitis IgM Ab
17C		Syphilis VDRL (CSF)	43		Hepatitis Delta Ab	2927		Varicella zoster IgG Ab
17PT		Syphilis VDRL (Post-Treatment)	44PCR		HIV-1 DNA PCR (call before sending)	2827		Varicella zoster IgM and IgG Ab*
152		Syphilis FTA-ABS	9		HIV-1 Oral Fluid Ab	2441M		West Nile Virus IgM Ab
22		Syphilis FTA-ABS IgM (Infants Only)	28		HIV-1/HIV-2 Ab Confirmation Western Blot	**Miscellaneous:**		
23		Syphilis DFA	99		HIV-1/HIV-2 Combo Ab Screen	80		Alpha-fetoprotein (Tumor Marker)
19		Toxoplasma IgM and IgG Ab*	9101		HIV-2 Ab Screen	235		AST
Viral Serology:			2440M		La Crosse Encephalitis IgM Ab	236		ALT
2435		Arbovirus IgM Ab Diagnostic Panel	2914		Measles IgG Ab	**Other Tests:**		
2437M		Eastern Equine Encephalitis IgM Ab	2814		Measles IgM and IgG Ab*			
36		Hepatitis A Serodiagnosis	2915		Mumps IgG Ab			

*The individual components of panels can be ordered separately (see back of pink copy), please call the laboratory for testing limitations and instructions for submission
All bold faced tests include reflex testing if appropriate.

WHITE—RETURN TO WSLH PINK—KEEP FOR YOUR RECORDS 07-4104

Sample

Attachment L: Wisconsin Acute and Communicable Disease Case Report form (4151)

DEPARTMENT OF HEALTH & FAMILY SERVICES
Division of Public Health
DPH 4151 (Rev. 05/01)

ACUTE & COMMUNICABLE DISEASE CASE REPORT

Information for completing this form on reverse side

STATE OF WISCONSIN
s. 252.05, Wis. Stats
(608) 267-9003

DEMOGRAPHIC DATA PATIENT INFORMATION

Case Identification for all Category I and II Diseases

Patient's Name (Last) (First) (M.I.)	Date of Birth (mm/dd/yyyy)	Age	Sex ☐ Male ☐ Female
Patient's Address	Telephone No. (Home) ( )		(Work)
City / State / Zip Code	County of Residence		
Patient's Parent / Guardian if patient is a minor (Not needed for STD)	Patient's Employer & Occupation or School, Day Care, Institution		
Race: ☐ Asian (or Pacific Islander) ☐ Black ☐ Native American ☐ White ☐ Other, specify:	Ethnic Origin: ☐ Hispanic ☐ Non-Hispanic		
Patient pregnant? ☐ Yes ☐ No If Yes, Due date (mm/dd/yy)	Patient died of this illness? ☐ Yes ☐ No	Patient hospitalized? ☐ Yes ☐ No	

MORBIDITY DATA

Disease / Organism	Date of Onset ☐ Asymptomatic	Specimen type	Outbreak related? ☐ Yes ☐ No ☐ Unknown	Underlying medical condition? ☐ Unknown ☐ Yes, specify: ☐ No
Test or Immunization. Include confirmatory lab data / immunization dates:		Date (mm/dd/yyyy)	Results (Hep B and C see below)	

SEXUALLY TRANSMITTED DISEASES

Complete appropriate section for specific disease(s)

☐ Syphilis	☐ Gonorrhea ☐ Chlamydia	☐ Other STD
☐ Primary (chancre present)	☐ Asymptomatic	☐ Chancroid
☐ Secondary (skin lesions, rash, etc.)	☐ Uncomplicated Urogenital (Urethritis,Cervicitis)	☐ Primary genital herpes infection
☐ Early Latent (asymptomatic, < 1 yr)	☐ Salpingitis (PID)	☐ Other STD Salpingitis (PID)
☐ Late Latent (over 1 yr duration)	☐ Ophthalmia/Conjunctivitis	Type and Amount of Treatment
☐ Neurosyphilis	☐ Other (Arthritis, skin lesions, etc.)	
☐ Cardiovascular ☐ Other	☐ Resistant Gonorrhea	
☐ Congenital	☐ Penicillinase-Producing ☐ Other	

Has patient been treated? ☐ Yes ☐ No Date(s) of Treatment (mm/dd/yyyy)

ENTERIC DISEASES AND HEPATITIS

Amebiasis, Campylobacter, Cryptosporidia, E. coli, Giardia, Hepatitis A, Salmonella, Shigella, and Yersinia

Other:

Check below if patient:

Yes	No	Unknown	
☐	☐	☐	is a food handler.
☐	☐	☐	attends or works at a day care center.
☐	☐	☐	is a health care worker.
☐	☐	☐	is in contact with animals. Specify animal:
☐	☐	☐	drinks unpasteurized milk.
☐	☐	☐	travelled out-of-state. Location / dates:

Hepatitis B and C Laboratory Results

HBsAg	☐ Positive	☐ Negative
anti-HBs	☐ Positive	☐ Negative
anti-HBc	☐ Positive	☐ Negative
anti-HBc-IgM	☐ Positive	☐ Negative
HepC-EIA	☐ Positive	☐ Negative
HepC-RIBA	☐ Positive	☐ Negative
HepC-PCR	☐ Positive	☐ Negative

TUBERCULOSIS

Mycobacteriology	X-ray	Mantoux Tuberculin Test	Treatment
Specimen type and date collected (mm/dd/yyyy)	☐ Not done ☐ No comparison film available ☐ Normal ☐ Abnormal Date:	☐ Not Done Date Done (mm/dd/yyyy)	☐ Isoniazid ☐ Rifampin ☐ Pyrazinamide ☐ Ethambutol ☐ Other, specify:
Smear ☐ Positive ☐ Negative ☐ Pending ☐ Not done Culture ☐ Positive ☐ Negative ☐ Pending ☐ Not done	Check one: ☐ Stable ☐ Worsening ☐ Improving Check one: ☐ Cavitary ☐ Noncavitary	Result (w / mm induration) ☐ Positive _____ mm ☐ Negative _____ mm If negative, anergic? ☐ Yes ☐ No	Date started (mm/dd/yyyy)
Report Date (mm/dd/yyyy)			
If culture positive ☐ *M. tuberculosis* complex ☐ Atypical Mycobacteria, Specify:	Previously diagnosed with TB ☐ Yes, Year: ☐ No ☐ Unknown	Patient's country of origin	Date arrived in U.S.

WEEKLY REPORTABLE & COMMENTS

Weekly Reportable Diseases Category II (Saturday through Friday) Varicella (Chickenpox) Number of cases: Week ending / Date (mm/dd/yyyy):

Comments:	Date rec'd by LHD	Date sent to DPH

REPORTING SOURCE (REQUIRED)

Agency Reporting (Name & Address)	Date reported	Telephone No. ( )
	Interviewer Initials	Date of Interview
Attending Physician (Name & Address)		Telephone No. ( )

Complete and make three (3) copies: Copy A - State Epidemiologist, Copy B - Local Public Health Agency, Copy C - Patient Medical Record.

Available from the Bureau of Communicable Diseases by calling 608-267-9003.

DPH 4151 (Rev. 08/01)
Page 2

Information for Completing
ACUTE AND COMMUNICABLE DISEASE CASE REPORT

WISCONSIN STATUTE CHAPTER 252.05 AND ADMINISTRATIVE RULE CHAPTER HFS 145 REQUIRE REPORTING OF COMMUNICABLE DISEASES. Persons required to report include any person licensed under ch. 441 and 448, Wis. Stats., or any other person having knowledge that a person has a communicable disease such as:

- A person in charge of infection control at a health care facility
- School nurses, principals of schools and day care center directors
- Laboratory directors

For further information see Wisconsin Administrative Rule HFS 145.

Diseases listed under categories I, II are to be reported to the local city or county health officer located in the local public health department of the patient's place of residence. The category III disease must be reported directly to the state epidemiologist. Complete Demographic and Morbidity Data for diseases in categories I, II, and III. For diseases preceded by an asterisk (*), give vaccination history. Follow-up epidemiologic information may be requested by local or state public health officials. Complete "Reporting Source" for ALL categories. Send copy "A" and copy "B" to the local health officer. Copy "C" may be retained with the patient's record.

REPORT THE FOLLOWING DISEASES TO YOUR LOCAL HEALTH AGENCY

CATEGORY I:

The following diseases are of urgent health importance and shall be reported **IMMEDIATELY BY TELEPHONE** to the patient's local health officer upon identification of a case or suspected case. Complete and mail an Acute and Communicable Disease Case Report (DPH 4151) to the local health officer within 24 hours. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (a).

Anthrax [1,4,b]
Botulism [1,4]
Botulism, infant [1,2,4,a]
Cholera [1,3,4,b]
*Diphtheria [1,3,4,a]
Foodborne or waterborne outbreaks [1,2,3,4]
*Haemophilus influenzae invasive disease, (including epiglottitis) [1,2,4,b]
*Hepatitis A [1,2,3,4,a]
Hantavirus [1,2,4,a]
*Measles [1,2,3,4,a]
Meningococcal disease [1,2,3,4,a]
Pertussis (whooping cough) [1,2,3,4,b]
Plague [1,4,b]
*Poliomyelitis [1,4,a]
Rabies (human) [1,4,b]
Ricin toxin [1,4,b]
*Rubella [1,2,4,a]
Rubella (congenital syndrome) [1,2,4,a]
Smallpox [1,4,b]
Tuberculosis [1,2,3,4,a]
Yellow Fever [1,4]

CATEGORY II:

The following diseases shall be reported to the local health officer on an Acute and Communicable Disease Case Report (DPH 4151) or by other means within 72 hours of the identification of a case or suspect case. Public health intervention is expected as indicated. See s. HFS 145.04 (3) (b).

Amebiasis [1,4,b]
Arboviral infection (encephalitis/meningitis) [1,2,4]
Babesiosis [4,b]
Blastomycosis [5]
Brucellosis [4]
Campylobacter [3,4]
Cat Scratch Disease (Bartonella species) [5]
Cryptosporidiosis [1,2,3,4]
Cyclosporiasis [1,4,a]
E. coli 0157:H7 [1,2,3,4]
and other enterohemorrhagic *E. coli*, enteropathogenic *E. coli*, enteroinvasive *E. coli*, enterotoxigenic *E. coli* [1,2,3,4]
Encephalitis, viral (other than arboviral)
Ehrlichiosis [1,a]
Giardiasis [3,4]
Hemolytic uremic syndrome [1,2,4]
*Hepatitis B [1,2,3,4,a]
Hepatitis C [1,2]
Hepatitis non-A, non-B, (acute) [1,2]
Hepatitis D [1,2,4,b]
Hepatitis E [3,4]
Histoplasmosis [5]
Kawasaki disease [2]
Legionellosis [1,2,4]
Leprosy [1,2,3,4,a]
Leptospirosis [4]
Listeriosis [2,4]
Lyme disease [1,2]
Malaria [1,2,4]
Meningitis,bacterial (other than *Haemophilus influenzae* or meningococcal) [1,4]
Meningitis, viral (other than arboviral)
*Mumps [1,2,4,a]
Mycobacterial disease (nontuberculous)
Psittacosis [1,4,b]
Q fever [4,b]
Reye syndrome [2]
Rheumatic fever (newly diagnosed and meeting the Jones criteria) [5]
Rocky Mountain spotted fever [1,2,4,a]
Salmonellosis [3,4]
Sexually transmitted diseases:
Chancroid [1,2,4,b]
Chlamydia trachomatis infection [1,2,4,b]
Genital herpes infection (1st episode identified by health provider) [1,2,4,a]
Gonorrhea
Pelvic inflammatory disease [1,2,b]
Syphilis [1,2,a]
Shigellosis [1,3,4]
Streptococcus group A invasive disease [1,b]
Streptococcus group B invasive disease [1,a]
Streptococcus pneumoniae (pneumococcus) invasive disease [1,2]
*Tetanus [1,2]
Toxic shock syndrome [1,2]
Toxic substance related diseases:
Infant methemoglobinemia
Lead intoxication (specify Pb levels)
Other metal and pesticide poisonings
Toxoplasmosis [1,2,4]
Trichinosis [1,4]
Tularemia [1,4]
Typhoid fever [1,2,3,4]
Typhus fever [4,b]
Varicella (chickenpox) – report by number of cases only
Yersiniosis [3,4]

For diseases preceded by an asterisk (*), give vaccination history.
Also report any suspected outbreaks of other acute or occupationally-related diseases

CATEGORY III:

The following diseases shall be reported to the state epidemiologist on an AIDS case report (DPH 4264) or a Wisconsin Human Immunodeficiency Virus (HIV) Infection Confidential Case Report (DPH 4336) or by other means within 72 hours after identification of a case or suspected case. See s. 252.15 (7) (b), Stats., and s. HFS 145.04 (3) (b).

Acquired Immune Deficiency Syndrome (AIDS) [1,4,a]
Human immunodeficiency virus (HIV) infection [2,4]
CD4+ T-lymphocyte <200/uL, or CD4+ T-lymphocyte percentage of total lymphocytes <14

KEY:

[1] Infectious diseases designated as notifiable at the national level.
[2] Wisconsin or CDC follow-up form is required. Local health departments have templates of these forms in the Epinet manual.
[3] High-risk assessment by local health department is needed to determine if patient or member of patient's household is employed in food handling, day care or health care.
[4] Source investigation by local health department is needed.
[5] Immediate treatment is recommended, i.e., antibiotic or biologic for the patient or contact or both.

Attachment M: CDC Viral Hepatitis Case Report form

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U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICE

VIRAL HEPATITIS CASE REPORT

CDC
Centers for Disease Control and Prevention
Hepatitis Branch, (G37)
Atlanta, Georgia 30333

The following questions should be asked for every case of viral hepatitis

Prefix: (Mr. Mrs. Miss Ms. etc) _____ Last: _____ First: _____ Middle: _____

Preferred Name (nickname): _____ Maiden: _____

Address: Street: _____

City: _____ Phone: ( ) - Zip Code: ___ ___ ___ ___ ___ -- ___ ___ ___ ___

SSN # (optional) ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Only data from lower portion of form will be transmitted to CDC

State: _____ County: _____ Date of Public Health Report__ __ / __ __ / __ __ __ __

Was this record submitted to CDC through the NETSS system? Yes ☐ No ☐

If yes, please enter **NETSS ID NO.** ☐☐☐☐☐☐☐☐☐☐ If no, please enter **STATE CASE NO.** _____

DEMOGRAPHIC INFORMATION

RACE (check all that apply):
☐ Amer Indian or Alaska Native ☐ Black or African American ☐ White
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

ETHNICITY:
Hispanic ☐
Non-hispanic ☐
Other/Unknown ☐

SEX: Male ☐ Female ☐ Unk ☐ **PLACE OF BIRTH:** ☐USA ☐Other:_____

DATE OF BIRTH: M M / D D / Y Y Y Y **AGE:** ___ ___ **(years)** **(00= <1yr , 99= Unk)**

CLINICAL & DIAGNOSTIC DATA

REASON FOR TESTING: (Check all that apply) ☐ Symptoms of acute hepatitis ☐ Evaluation of elevated liver enzymes
☐ Screening of asymptomatic patient with reported risk factors ☐ Blood / organ donor screening
☐ Screening of asymptomatic patient with no risk factors (e.g., patient requested) ☐ Follow-up testing for previous marker of viral hepatitis
☐ Prenatal screening ☐ Unknown ☐ Other: specify: _____

CLINICAL DATA:

Diagnosis date: M M / D D / Y Y Y Y

	Yes	No	Unk
Is patient symptomatic?	☐	☐	☐
if yes, onset date: M M / D D / Y Y Y Y			
Was the patient			
• Jaundiced?	☐	☐	☐
• Hospitalized for hepatitis?	☐	☐	☐
Was the patient pregnant ?	☐	☐	☐
due date : M M / D D / Y Y Y Y			
Did the patient die from hepatitis?	☐	☐	☐
• Date of death: M M / D D / Y Y Y Y			

DIAGNOSTIC TESTS: CHECK ALL THAT APPLY

	Pos	Neg	Unk
• Total antibody to hepatitis A virus [total anti-HAV]	☐	☐	☐
• IgM antibody to hepatitis A virus [IgM anti-HAV]	☐	☐	☐
• Hepatitis B surface antigen [HBsAg]	☐	☐	☐
• Total antibody to hepatitis B core antigen [total anti-HBc]	☐	☐	☐
• IgM antibody to hepatitis B core antigen [IgM anti-HBc]	☐	☐	☐
• Antibody to hepatitis C virus [anti-HCV]	☐	☐	☐
– anti-HCV signal to cut-off ratio _____			
• Supplemental anti-HCV assay [e.g., RIBA]	☐	☐	☐
• HCV RNA [e.g., PCR]	☐	☐	☐
• Antibody to hepatitis D virus [anti-HDV]	☐	☐	☐
• Antibody to hepatitis E virus [anti-HEV]	☐	☐	☐

LIVER ENZYME LEVELS AT TIME OF DIAGNOSIS

• ALT [SGPT] Result _____ Upper limit normal_____
• AST [SGOT] Result _____ Upper limit normal_____
• Date of ALT result M M / D D / Y Y Y Y
• Date of AST result M M / D D / Y Y Y Y

	Yes	No	Unk
• If this case has a diagnosis of hepatitis A that has not been serologically confirmed, is there an epidemiologic link between this patient and a laboratory-confirmed hepatitis A case?	☐	☐	☐

DIAGNOSIS: (Check all that apply)
☐ Acute hepatitis A
☐ Acute hepatitis B ☐ Chronic HBV infection ☐ Perinatal HBV infection ☐ Hepatitis Delta (co- or super-infection)
☐ Acute hepatitis C ☐ HCV infection (chronic or resolved)
☐ Acute hepatitis E ☐ Acute non-ABCD hepatitis

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:\My Documents\Projects\Hepatitis\VHSPW.p65

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Patient History- Acute Hepatitis A NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

STATE CASE NO. _____

During the **2-6 weeks** prior to onset of symptoms-	Yes	No	Unk
Was the patient a contact of a person with confirmed or suspected hepatitis A virus infection?	☐	☐	☐
If yes, was the contact (check one)			
• household member (non-sexual)	☐	☐	☐
• sex partner	☐	☐	☐
• child cared for by this patient	☐	☐	☐
• babysitter of this patient	☐	☐	☐
• playmate	☐	☐	☐
• other _____	☐	☐	☐
Was the patient			
• a child or employee in a day care center, nursery, or preschool ?	☐	☐	☐
• a household contact of a child or employee in a day care center, nursery or preschool ?	☐	☐	☐
If yes for either of these, was there an identified hepatitis A case in the child care facility?	☐	☐	☐

Please ask both of the following questions regardless of the patient's gender.

In the **2- 6 weeks** before symptom onset how many	0	1	2-5	>5	Unk
• male sex partners did the patient have?	☐	☐	☐	☐	☐
• female sex partners did the patient have?	☐	☐	☐	☐	☐

In the **2- 6 weeks** before symptom onset	Yes	No	Unk
Did the patient inject drugs not prescribed by a doctor?	☐	☐	☐
Did the patient use street drugs but not inject?	☐	☐	☐
Did the patient **travel** outside of the U.S.A. or Canada	☐	☐	☐
• If yes, where? 1) _____ 2) _____ (Country) 3) _____			
In the **3 months** prior to symptom onset Did anyone in the patient's household travel outside of the U.S. A. or Canada?	☐	☐	☐
• If yes, where? 1) _____ 2) _____ (Country) 3) _____			
Is the patient suspected as being part of a common-source outbreak?	☐	☐	☐
If yes, was the outbreak			
Foodborne- associated with an infected food handler	☐	☐	☐
Foodborne - **NOT** associated with an infected food handler	☐	☐	☐
• specify food item _____			
Waterborne	☐	☐	☐
Source not identified	☐	☐	☐
Was the patient employed as a food handler during the **TWO WEEKS** prior to onset of symptoms or while ill?	☐	☐	☐

VACCINATION HISTORY

	Yes	No	Unk
Has the patient ever received the hepatitis A vaccine ?	☐	☐	☐
	1	≥ 2	
• If yes, how many doses?	☐	☐	
• In what year was the last dose received?	YYYY		
	Yes	No	Unk
Has the patient ever received immune globulin ?	☐	☐	☐
• If yes, when was the last dose received?	____ / ____ mo yr		

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Perinatal Hepatitis B Virus Infection

NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

STATE CASE NO. _____

RACE OF MOTHER:

☐ Amer Ind or Alaska Native ☐ Black or African American ☐ White ☐ Unknown
☐ Asian ☐ Native Hawaiian or Pacific Islander ☐ Other Race, specify: _____

ETHNICITY OF MOTHER:

Hispanic ..... ☐
Non-hispanic ..... ☐
Other/Unknown ..... ☐

	Yes	No	Unk
Was **Mother** born outside of United States?.....	☐	☐	☐
If yes, what country?_____			
Was the **Mother** confirmed HBsAg positive prior to or at time of delivery ? ...	☐	☐	☐
• If no, was the mother confirmed HBsAg positive after delivery?	☐	☐	☐
Date of HBsAg positive test result	MM/DD/YYYY		
How many doses of hepatitis B vaccine did the child receive ?	0 ☐	1 ☐	2 ☐ 3 ☐
• When?			
• Dose 1- MM/DD/YYYY			
• Dose 2- MM/DD/YYYY			
• Dose 3- MM/DD/YYYY			
	Yes	No	Unk
Did the child receive hepatitis B immune globulin (HBIG)?	☐	☐	☐
• If yes, on what date did the child receive HBIG?	MM/DD/YYYY		

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STATE CASE NO. _____

NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

Patient History- Acute Hepatitis B

During the **6 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis B virus infection? Yes ☐ No ☐ Unk ☐

If yes, type of contact

- Sexual ☐ ☐ ☐
- Household [Non-sexual] ☐ ☐ ☐
- Other: _____ ☐ ☐ ☐

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many — 0 ☐ 1 ☐ 2-5 ☐ >5 ☐ Unk ☐

- male sex partners did the patient have? ☐ ☐ ☐ ☐ ☐
- female sex partners did the patient have? ☐ ☐ ☐ ☐ ☐

Was the patient ***EVER*** treated for a sexually-transmitted disease? Yes ☐ No ☐ Unk ☐

- If yes, in what year was the most recent treatment ? _ _ Y Y Y Y

During the **6 weeks- 6 months** prior to onset of symptoms

- inject drugs not prescribed by a doctor? ☐ ☐ ☐
- use street drugs but not inject? ☐ ☐ ☐

During the **6 weeks- 6 months** prior to onset of symptoms

Did the patient- Yes ☐ No ☐ Unk ☐

- undergo hemodialysis? ☐ ☐ ☐
- have an accidental stick or puncture with a needle or other object contaminated with blood? ☐ ☐ ☐
- receive blood or blood products [transfusion] ☐ ☐ ☐
  - if yes, when? M M/D D/Y Y Y Y
- receive any IV infusions and/or injections in the outpatient setting ☐ ☐ ☐
- have other exposure to someone else's blood ☐ ☐ ☐

specify: _____

During the **6 weeks - 6 months** prior to onset of symptoms

- Was the patient employed in a medical or dental field involving direct contact with human blood ? ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood? ☐ ☐ ☐
  If yes, frequency of direct blood contact?
  Frequent (several times weekly) ☐ Infrequent ☐
- Did the patient receive a tattoo? ☐ ☐ ☐
  where was the tattooing performed? (select all that apply)
  ☐ commercial parlor / shop ☐ correctional facility ☐ other _____

During the **6 weeks- 6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?
  where was the piercing performed? (select all that apply)
  ☐ commercial parlor / shop ☐ correctional facility ☐ other _____

Yes ☐ No ☐ Unk ☐

- Did the patient have dental work or oral surgery? ☐ ☐ ☐
- Did the patient have surgery ? (other than oral surgery) ☐ ☐ ☐
- Was the patient- ***Check all that apply***
  - hospitalized ? ☐ ☐ ☐
  - a resident of a long term care facility ? ☐ ☐ ☐
  - incarcerated for longer than 24 hours ? ☐ ☐ ☐

  if yes, what type of facility (check all that apply)
  prison ☐ ☐
  jail ☐ ☐
  juvenile facility ☐ ☐

During his/her lifetime, was the patient ***EVER***

- incarcerated for longer than 6 months ? ☐ ☐ ☐
  - If yes,
    what year was the most recent incarceration ? Y Y Y Y
    for how long ? _ _ _ mos

Did the patient ever receive hepatitis B vaccine? Yes ☐ No ☐ Unk ☐

If yes, how many shots? 1 ☐ 2 ☐ 3+ ☐

- In what year was the last shot received? Y Y Y Y

Was the patient tested for antibody to HBsAg (anti-HBs) within 1-2 months after the last dose? Yes ☐ No ☐ Unk ☐

- If yes, was the serum anti-HBs ≥ 10mIU/ml? ☐ ☐ ☐
  (answer 'yes' if the laboratory result was reported as ..... 'positive' or 'reactive')

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NETSS ID NO. ☐☐☐☐☐☐☐☐☐☐

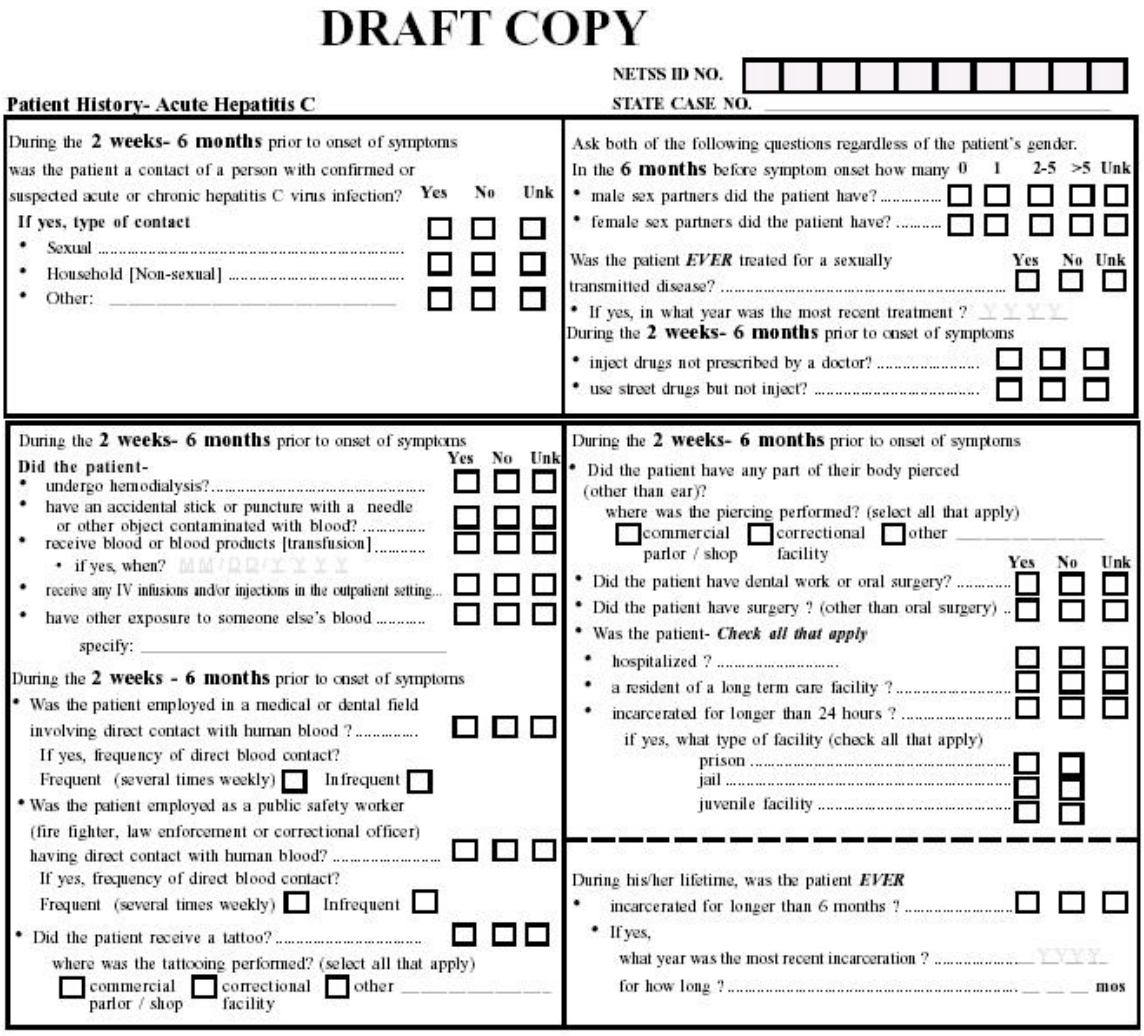
Patient History- Hepatitis C Virus Infection (chronic or resolved)

STATE CASE NO. _____

The following questions are provided as a guide for the investigation of lifetime risk factors for HCV infection. Routine collection of risk factor information for persons who test HCV positive is not required. However, collection of risk factor information for such persons may provide useful information for the development and evaluation of programs to identify and counsel HCV-infected persons.

	Yes	No	Unk
• Did the patient receive a blood transfusion prior to 1992?	☐	☐	☐
• Did the patient receive an organ transplant prior to 1992?	☐	☐	☐
• Did the patient receive clotting factor concentrates produced prior to 1987?	☐	☐	☐
• Was the patient ever on long-term hemodialysis?	☐	☐	☐
• Has the patient ever injected drugs not prescribed by a doctor even if only once or a few times?	☐	☐	☐
• How many sex partners has the patient had (approximate lifetime) ? _____			
• Was the patient ever incarcerated?	☐	☐	☐
• Was the patient ever treated for a sexually transmitted disease?	☐	☐	☐
• Was the patient ever a contact of a person who had hepatitis ?	☐	☐	☐
If yes, type of contact			
• Sexual	☐	☐	☐
• Household [Non-sexual]	☐	☐	☐
• Other: _____	☐	☐	☐

	Yes	No	Unk
• Was the patient ever employed in a medical or dental field involving direct contact with human blood?	☐	☐	☐



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NETSS ID NO.

Patient History- Acute Hepatitis C

STATE CASE NO.

During the **2 weeks- 6 months** prior to onset of symptoms was the patient a contact of a person with confirmed or suspected acute or chronic hepatitis C virus infection? Yes No Unk

If yes, type of contact

- Sexual
- Household [Non-sexual]
- Other:

Ask both of the following questions regardless of the patient's gender.

In the **6 months** before symptom onset how many 0 1 2-5 >5 Unk

- male sex partners did the patient have?
- female sex partners did the patient have?

Was the patient *EVER* treated for a sexually transmitted disease? Yes No Unk

- If yes, in what year was the most recent treatment ? YYYY

During the **2 weeks- 6 months** prior to onset of symptoms

- inject drugs not prescribed by a doctor?
- use street drugs but not inject?

During the **2 weeks- 6 months** prior to onset of symptoms

Did the patient- Yes No Unk

- undergo hemodialysis?
- have an accidental stick or puncture with a needle or other object contaminated with blood?
- receive blood or blood products [transfusion]
  - if yes, when? MM/DD/YYYY
- receive any IV infusions and/or injections in the outpatient setting...
- have other exposure to someone else's blood

specify:

During the **2 weeks - 6 months** prior to onset of symptoms

- Was the patient employed in a medical or dental field involving direct contact with human blood ?

If yes, frequency of direct blood contact?

Frequent (several times weekly) Infrequent

- Was the patient employed as a public safety worker (fire fighter, law enforcement or correctional officer) having direct contact with human blood?

If yes, frequency of direct blood contact?

Frequent (several times weekly) Infrequent

- Did the patient receive a tattoo?

where was the tattooing performed? (select all that apply)

commercial parlor / shop correctional facility other

During the **2 weeks- 6 months** prior to onset of symptoms

- Did the patient have any part of their body pierced (other than ear)?

where was the piercing performed? (select all that apply)

commercial parlor / shop correctional facility other

Yes No Unk

- Did the patient have dental work or oral surgery?
- Did the patient have surgery ? (other than oral surgery)
- Was the patient- ***Check all that apply***
  - hospitalized ?
  - a resident of a long term care facility ?
  - incarcerated for longer than 24 hours ?

if yes, what type of facility (check all that apply)

prison
jail
juvenile facility

During his/her lifetime, was the patient *EVER*

- incarcerated for longer than 6 months ?
  - If yes,

what year was the most recent incarceration ? YYYY

for how long ? __ __ __ mos

Available from CDC at
http://www.cdc.gov/ncidod/diseases/hepatitis/resource/PDFs/vhsp02.pdf

Attachment N: Example of a LHD HCV Case Follow-up Tool

The Wisconsin Hepatitis C Program has adapted this worksheet jointly used by the Madison Department of Public Health and the Dane County Division of Public Health and gratefully acknowledges Amanda Kita and Jen Daniel, Epidemiologists, for sharing it.

Dane County Division of Public Health **Madison Department of Public Health**

Hepatitis C Case Follow-up Worksheet (Draft)

Date	Time	Phone call	Message left	Letter sent	Spoke with case	RN name

I. Demographic Information for Case

Name of Case: _____ Date of Birth____/____/____

Address: _____Phone (H):_____
_____Phone (W):_____

If non-English speaking, what language?
_____

Demographics (must be completed on 4151, completion on this worksheet is optional):

Race: White Black Asian or Pacific Islander Native American Other, specify:
Ethnic origin: Hispanic Non-Hispanic
Patient pregnant? Yes No If yes, due date (mm/dd/yy):
Patient died of this illness? Yes No
Patient hospitalized? Yes No
Underlying medical condition? Unknown No Yes, specify:

II. Lab and Clinical Data

	Positive	Negative	Not done
EIA			
RIBA			
PCR or genotype			

Confirmed HCV infection

- EIA (+) and confirmed by positive RIBA or PCR? Y N U

If "yes", submit 4151 or Hepatitis C Case Report form.

Previous history of HCV? Y N U

If yes, date: ____/____/____

Acute HCV infection?

WI case definition:	Y	N	U
• Discrete onset of symptoms (anorexia, malaise, abdominal pain)?			
• Jaundice or elevated serum ALT (≥7.0 times the upper limit of normal; normal range for adults is 0-48 U/L) **and** IgM anti-HAV negative **and** IgM anti-HBc negative (if done) or HBsAg negative, **and** confirmed HCV infection.	Y	N	U

If "yes" to both, infection is acute. Submit 4151 or Hepatitis C Case Report form and CDC 53.1.

Possible HCV infection

• EIA (+), confirmatory tests not done/confirmatory tests negative?	Y	N	U

- If yes, submit 4151 or Hepatitis C Case Report form if it is uncertain whether patient will receive confirmatory testing.
- If 4151/Hepatitis C Case Report form submitted and patient later tests negative on confirmatory tests, submit negative results to DPH. DPH will delete pt. record.
- EIA(+) and PCR(-) cases should have PCR repeated in 6 months to assure that loss of viremia persists.
- If 4151/Hepatitis C Case Report form submitted and patient later tests negative on confirmatory tests, submit negative results to DPH. DPH will delete pt. record.
- EIA(+) and PCR(-) cases should have PCR repeated in 6 months to assure that loss of viremia persists.
- If patient will receive confirmatory testing, delay reporting until results are known. Report EIA(+), confirmatory test(+) cases to state on 4151/Hep C Case Report form.
- MDPH will do confirmatory testing for uninsured Dane County cases.

III. Healthcare Information

Does the patient have health insurance?	Y	N	U
Does the patient have a primary physician?	Y	N	U
• If yes, who?			
• HMO/Clinic?			

If patient answers yes to either question above, refer patient to healthcare provider for follow-up. Complete remainder of worksheet.

Is the patient under medical care for HCV infection?	Y	N	U
• If yes, type of care:			
• Where?			
Is patient part of a medical study for Hepatitis C?	Y	N	U
• Name of study:			

If patient is under medical care for HCV infection, ask if patient has any questions about transmission of HCV. Complete sections V, VI, and VII of worksheet.

IV. Strategies to Prevent Transmission

PHN discussed:	**Check item discussed:**
• No blood, body organ, other tissue, or semen donation.	
• Don't share toothbrushes, dental appliances, razors, or other personal	

articles that might have blood on them.
- Cover cuts and sores to prevent spreading infectious blood or secretions.

Recommendations regarding safer sex:
- If in long-term relationship with one partner, risk of transmission is low, but barrier precautions may be wise.
- All others should use barrier precautions at all times.

Is the patient an IV drug user? Y N

If yes, refer to needle exchange/ other resources as necessary.

Is the patient a health care worker? Y N

If no, skip to question about pregnancy
- Follow employer's infection control policies regarding Hepatitis C.

Is the patient pregnant? Y N

If yes, refer patient to her health care provider.

Is it possible for the patient or the patient's sexual partner(s) to become pregnant? Y N

If no, skip to Section V.
- Pregnancy and breast feeding not contraindicated, but:
- 5% of infants become infected; there is an increased risk if mother is HIV+
- Infants become infected either late in pregnancy or at birth.
- Don't breast feed if nipples are cracked or bleeding.
- Route of delivery doesn't affect the risk of transmission.
- Infants should be monitored by physician until infection status can be ascertained.
- Infant should be tested for HCV infection by PCR test as early as 1-2 months of age, or by EIA or RIBA after 12 months of age. See your agency specific guidelines for testing children without insurance.

Is the patient female with children? Y N
- Older children of an HCV-positive woman should be tested if it is likely that she was infected with HCV before they were born.

V. Strategies to Minimize Long-term Sequelae
- Cases should be evaluated by PMD to discuss treatment options and receive regular liver function tests. MDPH and DCDPH do not do liver function tests.
- Cases should protect their liver from further insult. Don't drink alcohol.
  - No new medications (over-the-counter, herbal, or prescription) without consulting PMD.
- Seek evaluation for previous HIV, HAV, and HBV infections. HBV serology should be performed when first Hep B vaccination is given. Evaluate whether further Hep B vaccinations are necessary based on results.
- Get vaccinated against HAV and HBV if not previously infected.
- Refer patient to LHD for free vaccination if un/under insured.

Hepatitis B vaccine	**Date Received**	**Hepatitis A vaccine**	**Date Received**
1st dose		1st dose	
2nd dose		2nd dose	
3rd dose			

VI. Case Finding and Screening

- Recent (last 6 months) sexual partners of case might benefit from screening. Refer partners interested in screening to MDPH HIV/Hepatitis clinics. _____
- If client has a history of injection drug use, encourage client to inform all past and present needle-sharing partners of Hepatitis C risk and screening availability at MDPH HIV/Hepatitis clinics. _____

VII. Strategies to Help Patient Cope with Diagnosis

- Referred to support group:
  UW Hospital and Clinics
  600 Highland Ave.
  Madison WI 53705
  Room H6/215
  (608)263-1142 (Annette Tealey)
  2nd and 4th Thursday of each month, 7:00 pm _____

VIII. Forms

- Complete 4151 or Hepatitis C Case Report form and send, through clerical support, to the State.
- If case referral is via a Hepatitis C Case Report, it is not necessary to complete a 4151.
- If necessary (see Section II) complete CDC 53.1 and send, through clerical support, to the State.

PHN signature: _____ Date: _____

Attachment O: Model Procedure for Public Health Follow-up of Clients with HCV Infection

Procedure Title: Public Health Follow-up of Clients with Hepatitis C Virus infection
Effective Date:
Date reviewed/revised:
Authorized by:

Purpose: This procedure outlines the method for counseling, vaccinating and reporting clients who are reported to the Local Health Department (LHD) with hepatitis C virus (HCV) infection and for identifying and referring high risk contacts for HCV testing.

Who performs activities: Public Health Nurses and/or other LHD staff who have been trained to provide hepatitis C counseling, testing, referral and follow-up (list person/position titles_____).

Forms needed: Acute and Communicable Disease Case Report (DPH 4151) or Hepatitis C Case Report, Viral Hepatitis Case Record (CDC 53.1) or draft CDC Viral Case Report form (CDC forms are only needed if infection is acute), Wisconsin Vaccine Order form (DPH 42000), WSHL CDD Requisition Form (B), patient education brochure, possibly CDC Brochure "If You Have Hepatitis C."

Procedure:

1. Receive report of HCV infection and enter into LHD data system (give details as needed on LHD system for receiving, cataloguing and assigning cases).

2. Review case report and collect preliminary case information.
   a. If report is from a laboratory, contact the medical provider to determine whether client is aware of the diagnosis and to obtain additional details about the client's status, e.g., plans to obtain a confirmatory test if necessary, duration of infection, under medical care, undergoing treatment, prior receipt of hepatitis A and B vaccination, HCV test status of sex partner or others who have had contact with the client's blood.
   b. If report is from a medical provider (e.g., on a 4151), review report for indications of acute infection e.g., comments about hospitalization, diagnosis in the ER, elevated ALT, onset date, and presence of symptoms, including jaundice.
      1. If client appears to have acute or recent HCV infection, contact the medical provider
      2. Verify with medical provider that case is acute and obtain information on peak ALT level, presence of jaundice and results of testing to rule-out hepatitis A and hepatitis B.
   c. Priority for follow-up should be given to persons who may not have a regular medical provider or access to prevention services, e.g., persons who have been tested for HCV infection in the public sector or by a blood or plasma center.

3. Provide client health education and client-centered counseling.
   a. Review natural history of HCV infection.
   b. Discuss with client ways to reduce the risk of spreading HCV to others.
   c. Discuss with client measures to protect liver from further harm, including abstaining from or limiting alcohol consumption and vaccination against hepatitis A and hepatitis B. If client does not remember having these diseases or receiving these vaccines, and does not have insurance that covers vaccines, arrange to provide vaccines (see #4 below).
   d. Provide client educational materials (insert which brochure/fact sheet will be provided, possibly CDC Brochure "If You Have Hepatitis C").

4. Provide hepatitis A and hepatitis B vaccines.
   a. Use Wisconsin Vaccine Order form (DPH 42000) to order vaccine.
      1. For hepatitis B vaccine, indicate the number of hepatitis B vaccine doses needed in the Hep B-Adult doses requested box.

2. For hepatitis A vaccine, write-in "Adult Hepatitis A vaccine for Hepatitis C client" and the number of doses needed.
3. Order small amounts of vaccine on a case-by-case basis.

b. Refer to the health department's Immunization Program Policy and Procedure manual for storage and administration of hepatitis A and hepatitis B vaccines. Other forms will be necessary.

5. Provide follow-up HCV testing as indicated and medical referral as needed.
   a. If client needs a confirmatory test (PCR) and does not have health insurance, obtain informed consent and collect serum specimen (or refer to _____agency for specimen collection), and submit specimen to the Wisconsin State Laboratory for testing. See #6 and #7 below for specimen collection and handling for anti-HCV EIA tests and HCV PCR tests, respectively.
   b. Determine if there are partners at high risk for HCV exposure, such as needle-sharing and sexual partners within the last 6 months.
      1. Advise client that persons at high risk of HCV exposure should be tested for hepatitis C.
      2. Provide client information on testing sites available to insured and uninsured persons
   c. If not already under medical care, refer to medical provider for evaluation of liver function and possible need for treatment.

6. Specimen Collection and Handling - EIA
a. Collect whole blood specimen in a serum separator tube (SST).
b. Label the specimen with the patient's name and date of collection.
c. Allow blood to clot for 20 minutes and centrifuge the SST tube at 600-1200 rpm for 20 minutes, if possible.
d. Wrap specimen with absorbent material, e.g., several layers of paper towels to cushion and avoid freezing a whole blood specimen.
e. Place wrapped specimen in biohazard bag and zip close.
f. Complete the WSHL CDD Requisition Form (B)(*Attachment K)* and request test #49 "Hepatitis C Serodiagnosis".
g. Place the requisition form in the pocket of the biohazard bag.
h. Place specimen in mailer (maximum of 5 specimens).
i. Place a frozen coolant pack in the shipping container
j. Tape the mailer closed.
k. Attach Wisconsin State Laboratory of Hygiene (WSLH) address to mailer.
l. Return by mail.

7. Specimen Collection and Handling - PCR
   Note: Specimens must be shipped cold (2-8° C) using coolant packs provided; store coolant packs in freezer prior to shipping.
   a. Use Kit #22H for PCR testing
   b. Collect whole blood specimen in a SST.
   c. Within six hours of collection, centrifuge the SST at 600-1200 rpm for 20 minutes.
   d. Label the specimen with the patient's name and date of collection.
   e. Store specimen at 2-8°C (36-46°F) until shipping.
   f. Wrap specimen with absorbent material
   g. Place wrapped specimen in biohazard bag and zip closed.
   h. Complete the WSHL CDD Requisition Form (B) and request test #48 – Hepatitis C Virus PCR.
   i. Place the requisition form in the pocket of the biohazard bag.
   j. Place a frozen coolant pack in the shipping container.
   k. Tape mailer closed.
   l. Attach Wisconsin State Laboratory of Hygiene (WSLH) address to mailer.
   m. Return mailer by express courier.
   n. **Specimens must be received at the WSLH within 72 hours of collection. Shipment early in the week is encouraged.**

8. Report the HCV infection to the Hepatitis C Program.

a. Complete an Acute and Communicable Disease Case Report (4151) form or Hepatitis C Case Report generated by the WI Hepatitis C Program and send to Wisconsin Hepatitis C Program, Division of Public Health, 1 W. Wilson St., Rm 318, PO Box 2659, Madison, WI 53701-2659.
b. If client meets the case definition for acute HCV infection, complete a CDC Viral Hepatitis Case Report form and send to the address above.

Legal Authority: Wisconsin Administrative Code HFS 145.04, Wisconsin State Statute 252.05, reports of communicable diseases.

Related Policy/Procedure: Immunization Program Policy, Procedure and Medical Orders

References: Centers for Disease Control and Prevention. Recommendations for prevention and control of hepatitis C virus (HCV) infection and HCV-related chronic disease. MMWR 1998; 47(No.RR-19)1-39.

Attachment P: Web sites for information on hepatitis C

These websites are also listed and hyperlinked on the website of the Wisconsin HCV Program at www.dhfs.state.wi.us/dph_bcd/hepatitis.

Health Education

- **General information**
  - Centers for Disease Control
    Frequently asked questions
    http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm
    Fact Sheet
    http://www.cdc.gov/ncidod/diseases/hepatitis/c/fact.htm

  - American Liver Foundation
    http://www.liverfoundation.org/cgi-bin/dbs/articles.cgi?db=articles&uid=default&CatHepC=1&Validated=Yes&view_records=1&sb=1&so=ascend

  - Hepatitis Foundation International
    http://www.hepfi.org/pages/liv_living.html#live_with_hep_c

- **Information for special interests**
  - Complementary medicine
    National Center for Complementary & Alternative Medicine Information Clearinghouse
    http://www.nccam.nih.gov

  - Easy to read information
    National Institute of Diabetes & Digestive & Kidney Diseases
    http://www.niddk.nih.gov/health/digest/pubs/chrnhepc/chrnhepc.htm

  - En espanol
    National Institute of Diabetes & Digestive & Kidney Diseases
    http://www.niddk.nih.gov/health/digest/pubs/hep/index.htm
    Centers for Disease Control
    http://www.cdc.gov/spanish/enfermedades/hepatitis.htm
    HCV Advocate
    http://www.hcvadvocate.org/

  - HIV and Hepatitis C coinfection
    American Liver Foundation
    http://www.liverfoundation.org/cgi-bin/dbs/articles.cgi?db=articles&uid=default&CatHIV=1&Validated=Yes&view_records=1&sb=1&so=ascend

  - Prisoners
    HCV Prison Project
    http://www.hcvinprison.org

  - Veterans
    Veteran's Administration
    http://www.va.gov/hepatitisc/pted/pted.htm#hepc

- **Materials**
  - Brochures and pamphlets
    Centers for Disease Control
    http://www.cdc.gov/ncidod/diseases/hepatitis/resource/brochures.htm
    HCV Advocate
    http://www.hcvadvocate.org/

  - Posters
    Centers for Disease Control
    http://www.cdc.gov/ncidod/diseases/hepatitis/resource/posters.htm

  - Slide sets
    Centers for Disease Control
    http://www.cdc.gov/ncidod/diseases/hepatitis/slideset/index.htm

Hepatitis A and B vaccines

- Immunization Action Coalition
  Source for Vaccine Information Statements
  http://www.immunize.org/vis/index.htm

Medical Evaluation and Support

- **Advocacy**
  American Liver Foundation
  www.liverfoundation.org
  The Hepatitis C Connection
  www.hepc-connection.org
  HCV advocate
  www.hcvadvocate.org

- **Clinician Information**
  National Institute of Diabetes & Digestive & Kidney Diseases
  http://www.niddk.nih.gov/health/digest/pubs/chrnhepc/chrnhepc.htm
  National Institutes of Health
  Management of Hepatitis C: 2002
  http://consensus.nih.gov/cons/116/116cdc_intro.htm

- **Clinical Trials for the treatment of hepatitis C**
  American Liver Foundation
  http://www.liverfoundation.org/cgi-bin/dbs/clinicaltrials.cgi?db=clinicaltrials&uid=default&ID=*&view_records=1&sb=1&so=ascend
  Centerwatch Clinical Trials Listing Service
  http://www.centerwatch.com/index.html
  ClinicalTrails.gov
  http://www.clinicaltrials.gov

- **Drug Assistance**
  Roche's Patient Assistance Program
  http://www.rocheusa.com/programs/patientassist.asp
  Schering's Commitment to Care Program
  http://www.hep-help.com/about/resources/commit.html

Wisconsin AIDS/HIV Drug Assistance Program (ADAP)
http://www.dhfs.state.wi.us/aids-hiv/Resources/Overviews/AIDS_HIV_drug_reim.htm

- **Insurance**
  BadgerCare
  http://www.dhfs.state.wi.us/badgercare/html/application.htm
  Federally Qualified Health Centers
  http://www.wphca.org/map_330.html
  Free clinics in Wisconsin
  http://www.wisconsinmedicalsociety.org/resources/uninsured.cfm
  Medicaid
  http://www.dhfs.state.wi.us/medicaid1/recpubs/eligibility/book_contents.htm
  National Hepatitis C Program for Veterans
  http://www.va.gov/hepatitisc/index.htm
  Wisconsin Office of the Commissioner of Insurance
  http://oci.wi.gov/

Surveillance

- Forms
  Centers for Disease Control
  Viral Hepatitis Case Report
  http://www.cdc.gov/ncidod/diseases/hepatitis/resource/PDFs/vhsp02.pdf

- Guidelines for Viral Hepatitis Surveillance and Case Management
  Centers for Disease Control
  http://www.cdc.gov/ncidod/diseases/hepatitis/resource/surveillance.htm

Attachment Q: Frequently asked questions

Here are some answers to questions the Wisconsin Hepatitis C Program answers frequently. For the answers to many more frequently asked questions, see the CDC website at http://www.cdc.gov/ncidod/diseases/hepatitis/c/faq.htm#3c

Health Education

My pregnant HCV+ client wants to breastfeed her infant. Will that be OK?
Yes, the transmission of HCV infection through breast milk has not been documented. Studies have found that the average rate of perinatal HCV transmission is the same for both breastfed and bottle-fed infants. HCV-positive mothers should abstain from breast-feeding if their nipples are cracked or bleeding.

Where can I get health education materials on hepatitis C?
A hepatitis C brochure, poster and postcard are available from the Wisconsin Hepatitis C Program. The brochure explains hepatitis C, how it is spread, how it can be prevented, risk factors and benefits of testing. The poster and the postcard, which is a reduced version of the poster and not intended to be mailed, list the risk factors and advise those with risk factors to ask their health care provider for a hepatitis C test. All of these materials are in full color, available in English and Spanish and free of charge. To order these materials, see the Wisconsin Hepatitis C Materials Order Form (Attachment R) or call the AIDS/HIV Program at 608-267-5287.

Hepatitis A and B vaccine

Do I need to test my HCV-positive client for hepatitis A and hepatitis B before I give him hepatitis A and hepatitis B vaccine?
No. Prevaccination serologic testing can be a barrier to vaccination and is not necessary before administering hepatitis A and/or B vaccine to a LHD client with HCV infection.

How do I order hepatitis A and/or B vaccine for my uninsured client with HCV infection?
Use the Wisconsin Vaccine Order form (DPH 42000 – *Attachment B*). To order hepatitis B vaccine, indicate the number of hepatitis B vaccine doses needed in the Hep B – Adult doses requested box. To order hepatitis A vaccine, write-in "Hepatitis A vaccine Adult for Hepatitis C Client" and the number of doses needed. See Section 2 of these Guidelines for more information.

The husband/boyfriend of my HCV-positive client does not have health insurance. Can I order hepatitis A and B vaccine for him, too?
Usually no, unless this person has his own risk factors for hepatitis A and/or B. Call the Immunization Program at 608-266-8621 to discuss on a case-by-case basis.

Referral for Medical Evaluation and Support

My clients is HCV-positive and does not have any health insurance. Where can he get a medical evaluation?
Health care resources for persons without health insurance are limited to community health centers and free clinics (*Attachment G)*. Some community health centers in Wisconsin manage and treat persons with HCV infection, but others have so many clients that new appointments are often unavailable. Your client needs a liver function test (ALT) and a PCR test to determine whether he has circulating virus in his blood. You can spare the client the expense of a PCR test by submitting a specimen to the WSLH for PCR testing under your LHD's fee exempt number.

Screening and Testing for HCV Infection

We are starting to offer HCV testing in the jail/HIV CTR site/STD clinic? Can I offer to test someone whose had multiple sexual partners or STDs?

No, not at this time. Data from Wisconsin and California show that persons with these risks are not much more likely to have HCV infection than the general public. HCV testing should be offered to persons with risk factors related to IDU or blood exposure, namely history of IDU, sex in exchange for drugs or money, sex partners of IDUs, transfusion before 1992.

Surveillance for HCV Infection

Which form should I use to report my client's HCV infection?

Usually only the Acute and Communicable Case report form (4151) is needed. You need to complete the CDC Viral Hepatitis Case Report form (draft) only if your client has acute HCV infection. See Section 5 of these Guidelines for more information.

What do I do with a case diagnosed in my city who is an out of state resident?

Report the case to the Wisconsin Hepatitis C Program which will inform the appropriate state.

Do we follow up on cases in the jail? What about cases in the correctional system?

The LHD should follow-up persons with HCV infection who are in the jail system, but not the correctional system. HCV-positive persons in the correctional system are followed-up by the Department of Corrections.

Do we report a HCV case who is EIA positive and PCR negative? What do we do for case follow-up in these instances?

A case that is EIA positive and PCR negative should be reported. Because PCR results can fluctuate, a negative PCR test does not exclude the possibility of HCV infection. Thus, if a person is EIA positive and PCR negative, the only way to determine if the person actually had an HCV infection is by performing a RIBA, unless the EIA s/co ratio was high ($\geq$3.8).

Follow-up up for persons who are EIA positive and PCR negative depends on how these results are being interpreted by the medical provider. If the results suggest that the person has been successfully treated, no follow-up is needed. If the results suggest that the person has spontaneously resolved the HCV infection, another PCR test in 6 months should be recommended to verify sustained lack of HCV viremia. A RIBA should also be recommended to rule out the possibility of a false positive EIA test result, unless the EIA s/co ratio was high ($\geq$3.8). In the mean time, follow-up should be as usual (HCV education, hepatitis A and hepatitis B vaccination if appropriate, and medical referral).

What is a bDNA test? Are they reportable?

A bDNA test, branched DNA, is a viral load test that determines the concentration of HCV RNA. Health care providers often use this test to assess a patient's response to HCV treatment, specifically antiviral therapy. These tests tend to be less sensitive than the qualitative RT-PCR and should not be used to exclude HCV diagnosis or evaluate the treatment endpoint (CDC, 1998). Because the bDNA test can detect the presence of HCV RNA, positive bDNA test results should be reported to the Wisconsin Hepatitis C Program.

What should I do if a health care provider refuses to give me patient information, citing the HIPAA regulations?

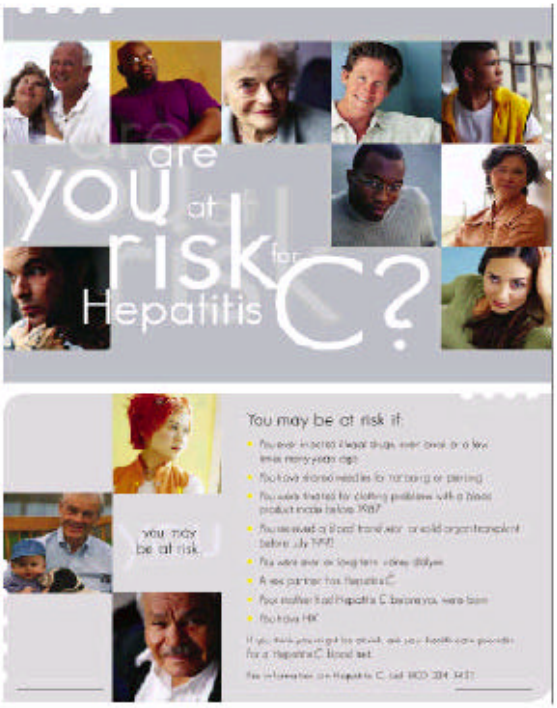
The HIPAA Privacy Rule is a new set of standards issued by the U.S. Department of Health and Human Services that are now being used to protect the privacy of patient health information.

Specifically, these rules will be used to regulate the use and method of disclosure of patient health information. It is important to note, however, that the HIPAA Privacy Rule permits patient health information to be shared for specific public health purposes. For example, patient health information can and should be disclosed to public health for conducting public health surveillance, investigations, and interventions.

When speaking with a health care provider regarding a patient with HCV infection, inform the health care provider that the HIPPA regulations specifically permit, without patient consent, disease reporting for public health activities in 45 C.F.R. 164.512 (b). This section states in part: "A covered entity may disclose protected health information for public health activities … (I) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury … including the reporting of disease."

Where can I get information on the total number of hepatitis C cases in my jurisdiction?
The total number of HCV cases and the number of cases by county are reported quarterly in the *AIDS/HIV Update* and annually in the local epidemiology profiles that are sent to each LHD. Additional information can be obtained by visiting the DHFS Hepatitis C website at www.dhfs.state.wi.us/dph_bcd/hepatitis or calling the HBV/HCV surveillance coordinator at 608-266-9710.

Wisconsin Hepatitis C Materials



Poster PPH 42118

Postcard PPH 42118A

Brochure PPH 42113

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Wisconsin Hepatitis C Materials
ORDER FORM

Item	Publication #	Quantity
Hepatitis C Brochures (Full color, 6" x 3 ½ ")		
Find out about Hepatitis C and your Risk Brochure – English	PPH 42113	
Find out about Hepatitis C and your Risk Brochure – Spanish	PPH 42113S	
Hepatitis C Posters (Full color, 18" x 24")		
Are you at risk for Hepatitis C Poster – English	PPH 42118	
Are you at risk for Hepatitis C Poster- Spanish	PPH 42118S	
Hepatitis C Postcards (Full color, 6" x 4")		
Are you at risk for Hepatitis C? Postcard – English	PPH 42118A	
Are you at risk for Hepatitis C? Postcard – Spanish	PPH 42118AS	

Name:_____
Agency:_____
Street Address:_____
City:_____ State:_____ Zip: _____
Telephone:_____

Mail or fax your request to: Wisconsin AIDS/HIV Program – Division of Public Health
PO Box 2659 • Madison, WI 53701-2659 • Telephone: 608-267-5287 / Fax: 608-266-2906

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